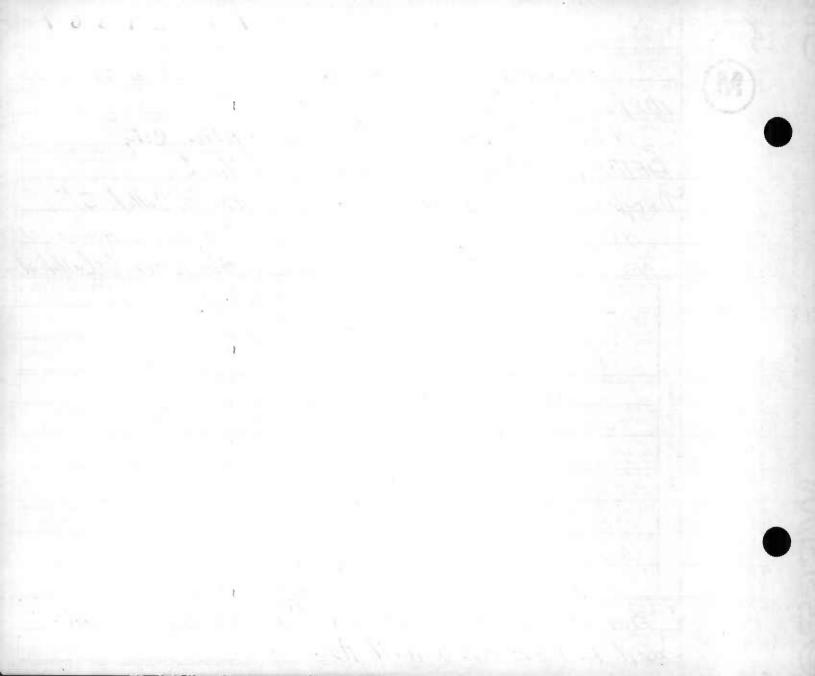
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	3 SE	X	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS				
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leoff.		HVART VIRGINI	USA	WIDOWED DIVORCED	BALTIMORE, CITY	MD				
ne fu		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126 KIND OF BUSINESS OR				
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De e i	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)						
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uRYLA within letely d 2 shu	14 FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME					
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or rer		MMEDIATE CAUSE (a)								
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	3. SE	×	4 RACE WHITE	5. DATE OF	BIRTH YEAR	& AGE (IN YEARS LAST) RI	THDAY) IF U	UNDER I YEAR IF UNDER 24 HRS
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or Item 18 shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	VERE FINDINGS USED NG CAUSES OF DEATH?
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orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	2 II LOCATION STREET	CITY OR TO	/NN	COUNTY STATE
m 21 is m		22a.1 certify that (1) (this hosp sow the deceased alive of (1) (we) (did) (did n		19 79, and	that in (my) (our) opinion of	death accurred an the d	ate and hour ar	
TANT: If Item		22d, PHYSICIAN'S NAME (TYPE	(Condo)	A M	ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC		9 3 0 M
IMPORTANT:		PETER CO	NORO TR	MD	nniv			
		BURIAL, CREMATION, REMOVA SPECIFY) Burial			even Mem. P		Burnie,	
1/ 76)		uneral director name aymond C. Fi	nk Glen	Burnie,	Md. 250. DATI	T2 1979	256. REGISTRAI	R'S SIGNATURE

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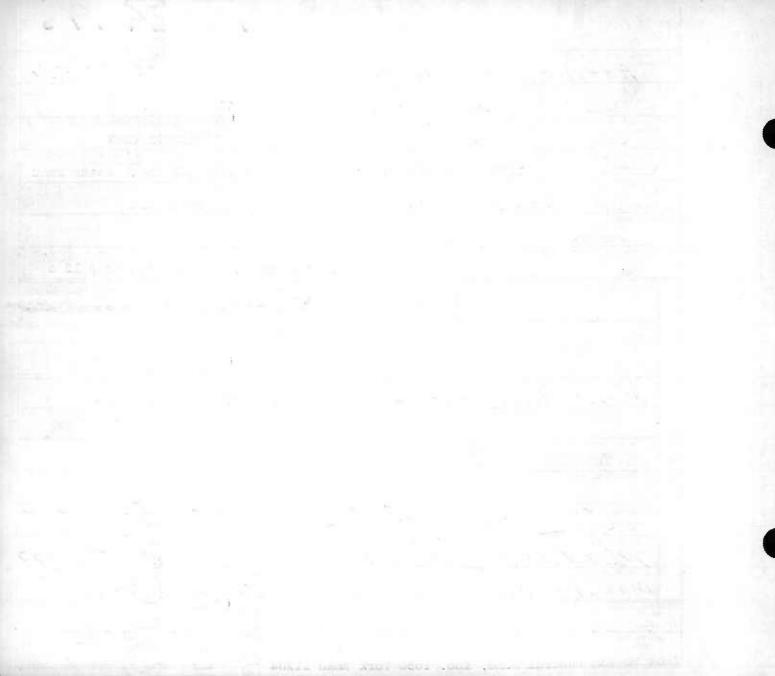
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 201



Singleton Funeral Home, Glen Burnie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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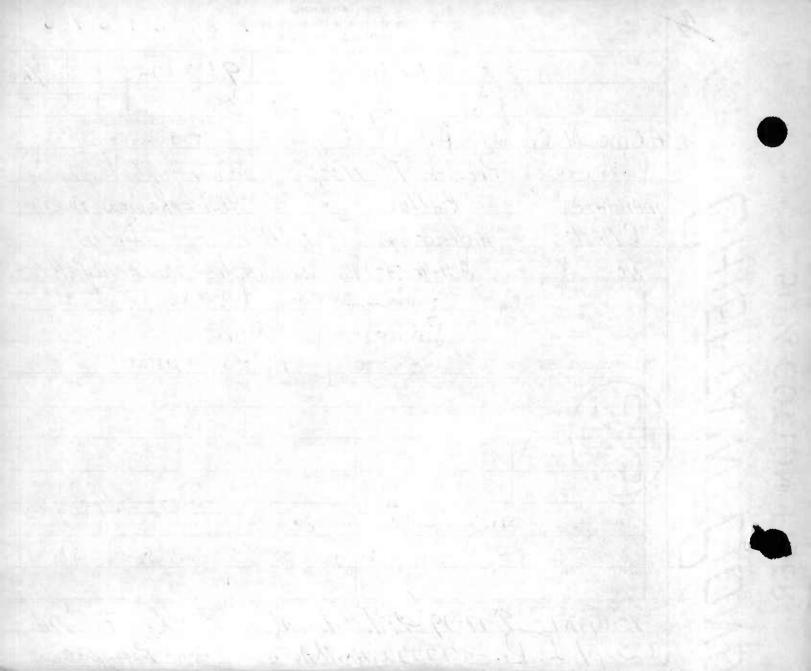
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19	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 0 / 5 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
(M)	1. SE	
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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours spers. Pages 1 and 2 should be Ill wol. 11, the medical examiner must be ex	160 \	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS AND PROPERTY AND ADDRESS AND
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
ev er srt		4/49 IMMEDIATE CAUSE (a)
W. PRESTON to the death ce by the attendian se remove corbin, cremotion, orrupotte other traumatic		Conditions, if ony, which gove rise to immediate (b) Jiel morrary Clone
es that the		cause (a), stating the underlying cause lost. (c) DECORAS A CONSEQUENCE OF ARCONG (C) USCO (C)
RDS, 20 aquires asigned Then pla to burn nijury, o	N N	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
ow re prior	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL R. 14/5/CLAN: The lid ding physicion. 2 certificate has buriol-tronsit per Mental Hygiene Mental Hygiene		YES NO YES NO YES NO CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
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		220.1 certify that (I) (this hospital) attended the deceased from 4 1, 19 4, that (I) (we) lost sow the deceased alive an edge of the deceased from the courses stated above. (I) we' (pid) Joint and view the body after death.
he hos DIREC oched Dept.		226. SIGNATURE DEGREE 226. DATE SIGNED 226. DATE SIGNED
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DHMH - 16 50M 1/76 (VR A 15 (4))	24. FL	INERAL DIRECTOR NAME OCEPH L. Registrars signature ADDRESS ADDR
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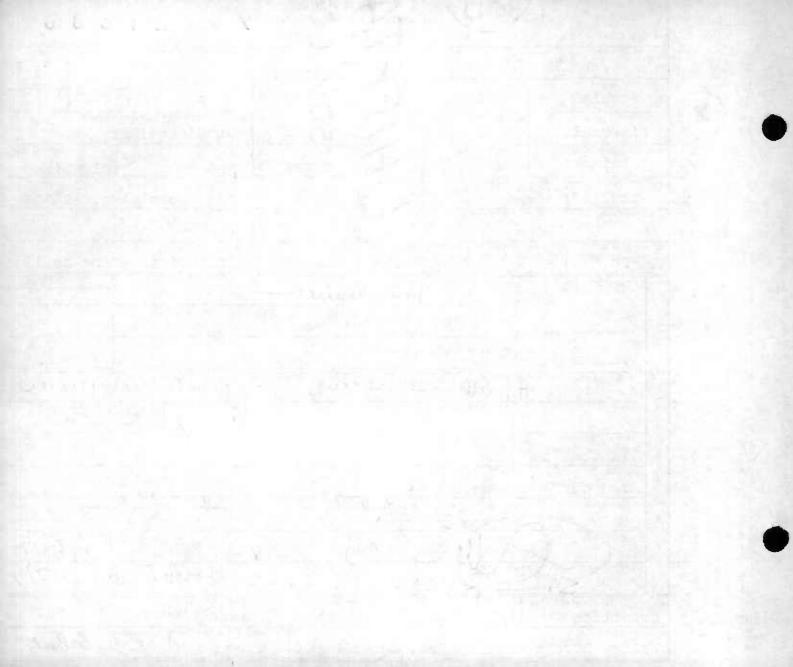


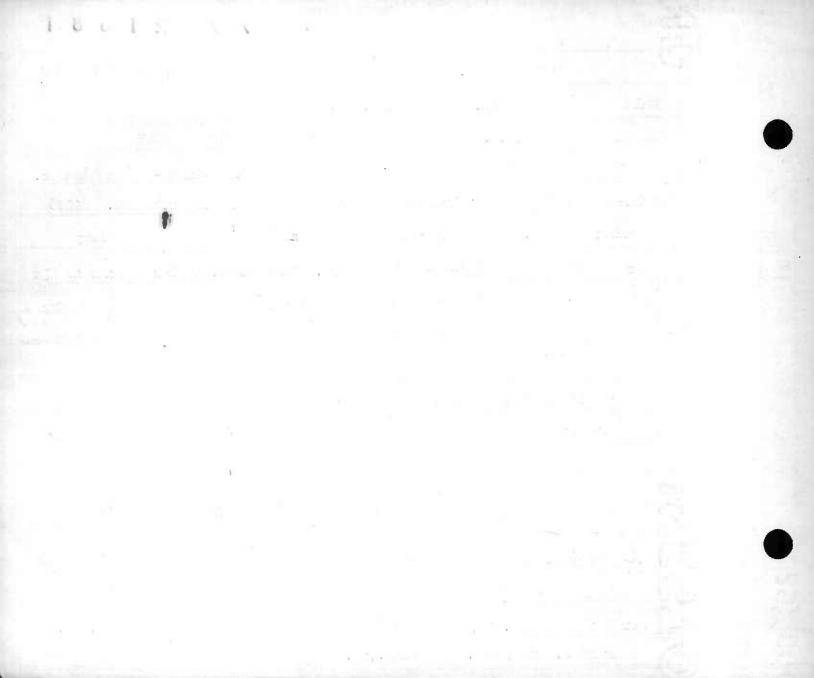
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL TENDING PHYSICIAN: The Iretained by the haspital or attending physician.

4	1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MAKTEAND SEALTH AND MENTA SICATE OF DEATS		IENE 7 9	2	1	6	19
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\Box	3 SE)	MALE	4	RACE WHIT	E	S. DATE O		AR	4 AGE (IN YEARS LAST BIR	THDAY) YRS.	IF UNDER	DAYS	# UNDER 24 HRS HOURS MIN
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BP		URIAL CREMATION, REBURIAL		236. DATE SEPT.			EMETERY OR CREMA	ATORY	23d. LOCATION CITY OF TOWN BALTIMO		ARYL		STATE
DHMH-16 20M (VRA 15, 4) 7/7B	24 FU	DIPPEL BROT	HERS	INC. 1	800 E. Lo	OMBA BI			REC'D. BY REGISTRAR	25h. REGIS	TRAR'S S	GNATU	RE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) HELEN G. ANTANAITIS Sept. 6, 1979 5:55 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) DAYS **HOURS** Female White 12/27/1890 88 TO BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Lithuania U.S.A. Baltimore City WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore 4205 Heckel Ave. Tailor Clothing DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Baltimore 13e STREET ADDRESS Maryland 21206 4205 Heckel Ave. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ünknown Galinis UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-34,9943 Leonard J. Antanaitis--Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o). PART I, DEATH WAS CAUSED BY greeke DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost PART 2. OTHER SIGNIFICANT CANDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CANDITION GIVEN IN PART CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO IT YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased wire or . ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stated THE SIGNATURE DEGREE 22c DATE SIGNED should be deto with the State IMPORTANT: I FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYRE OR PHINT) 72e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Md STATE Cremation Loudon Park Cem. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Walter Brooks Bradley Inc. Dundalk Md. (VR A 15 (4))





STATE OF MARYLAND

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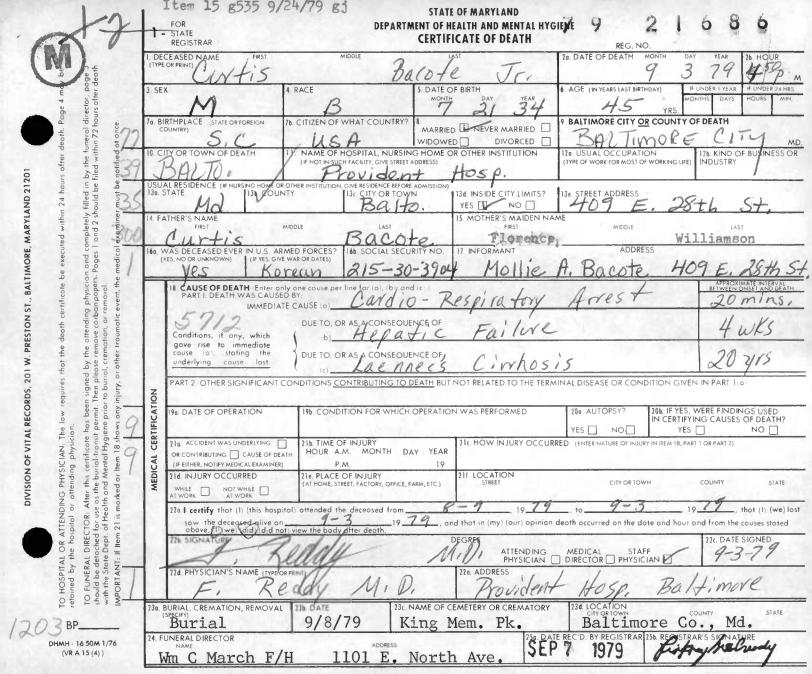
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by the hospit by the hospit ERAL DIREC e detached fo State Dept. o	John Rwingard MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	9/18/79
TO HOSPITAL retained by the TO FUNERAL should be detail with the State IMPORTANT:	John R. Wingard 600 N. Wolfe St.	
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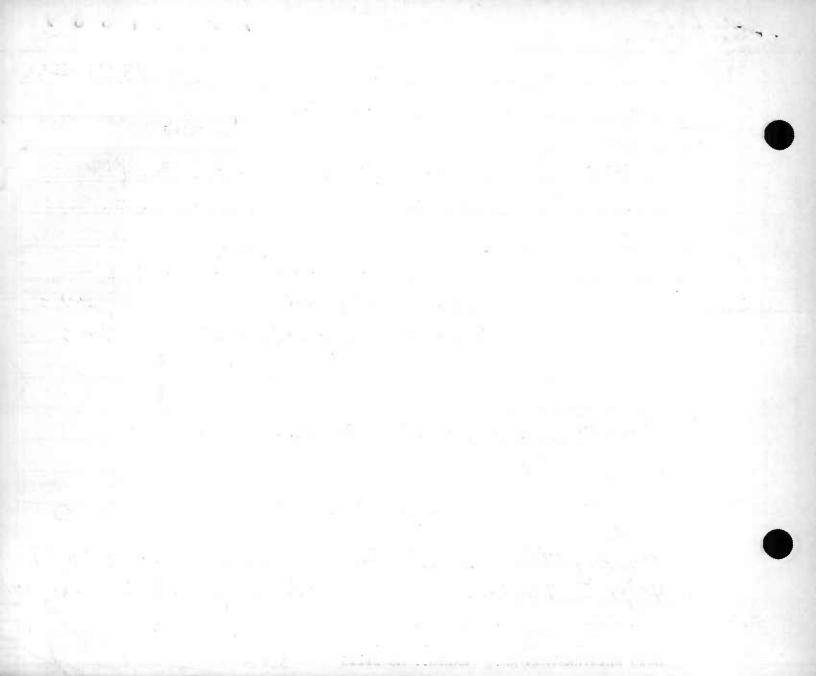
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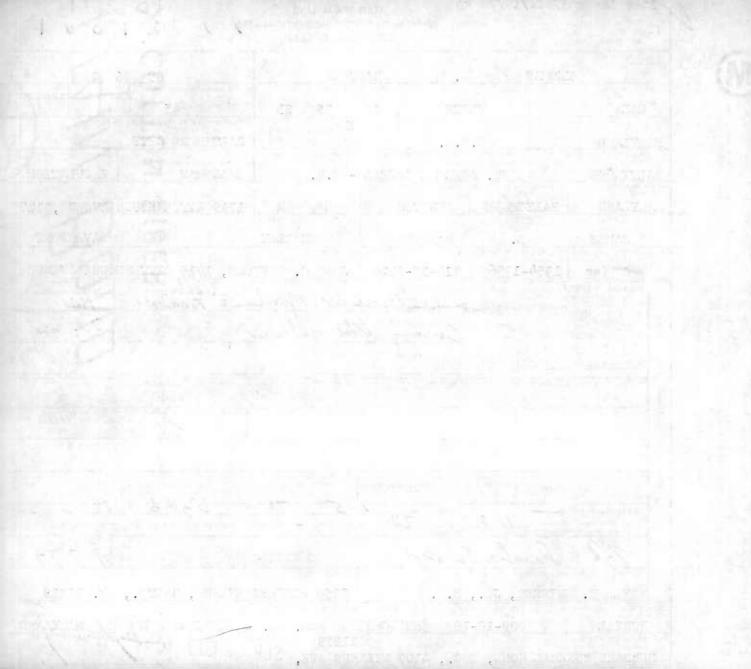
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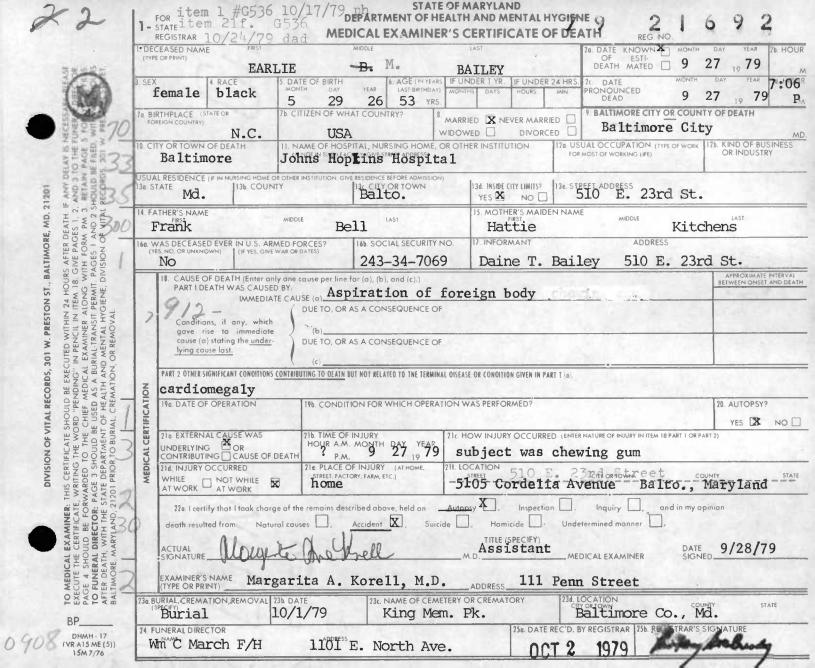




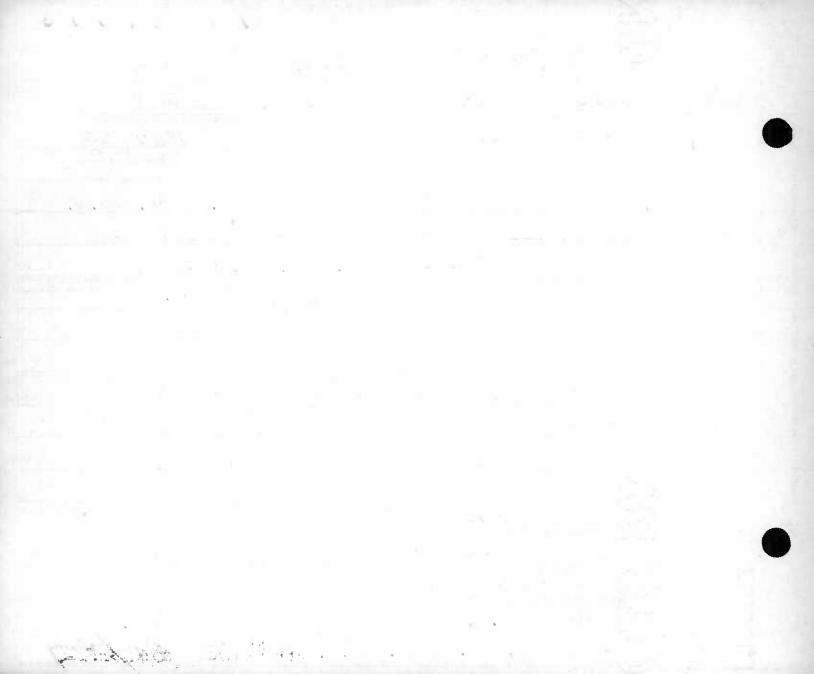
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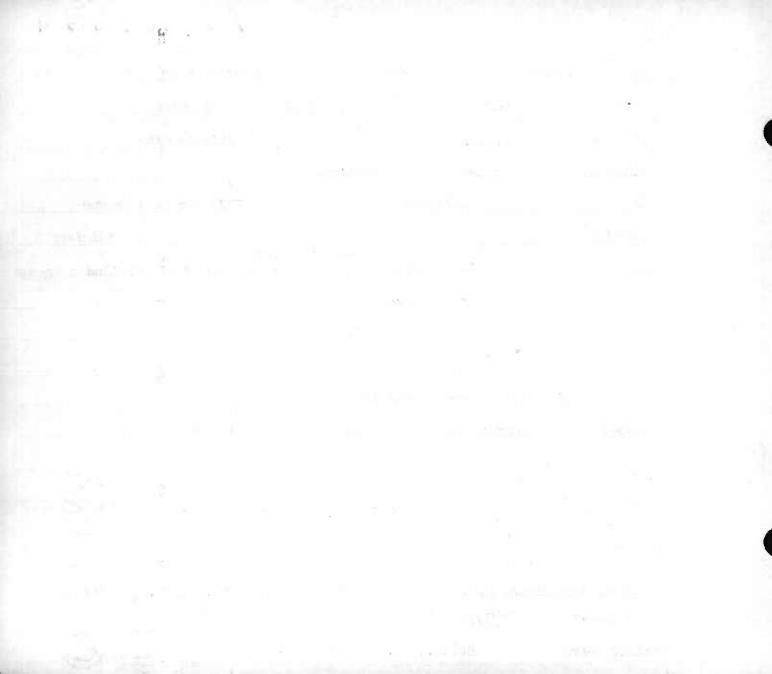
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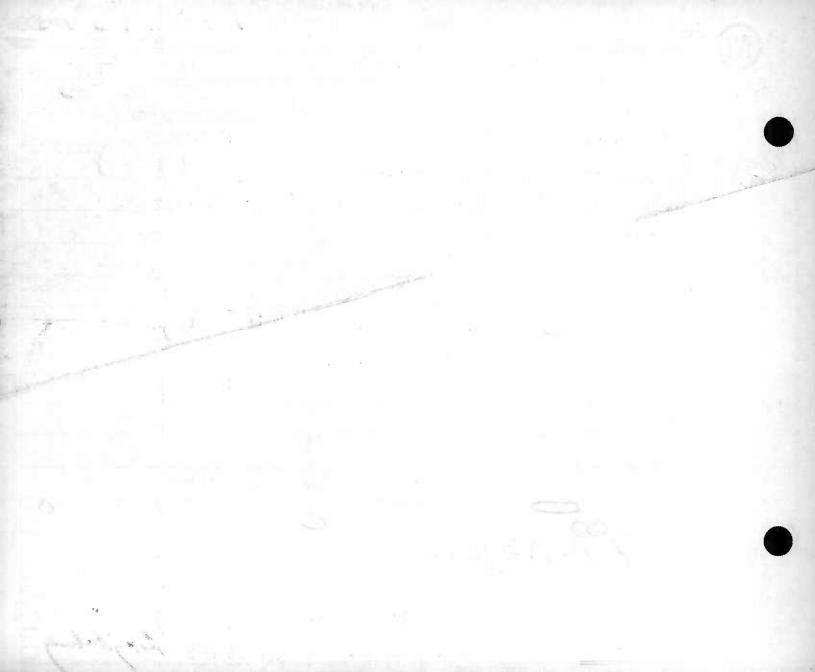


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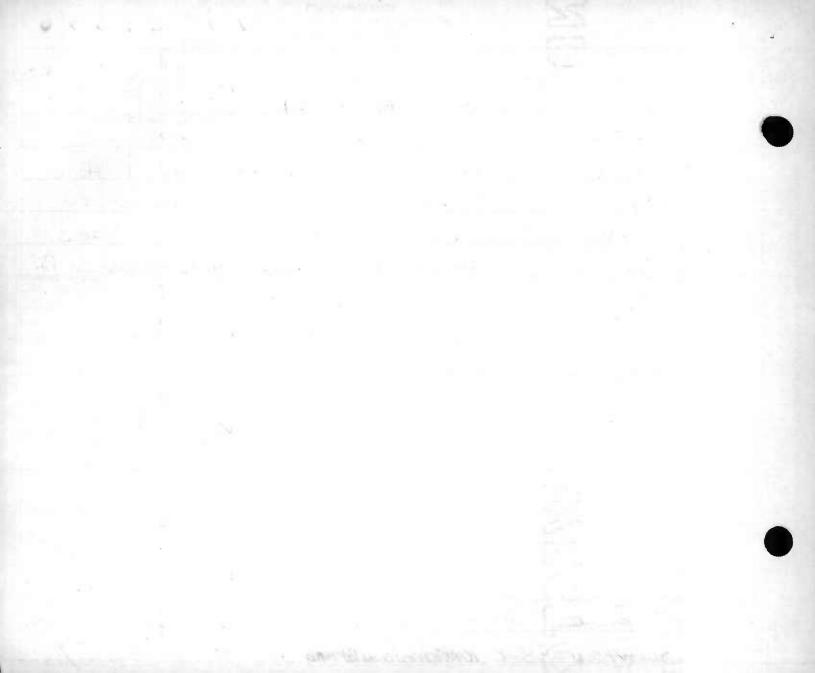




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retained by 1 TO FUNERAL should be del with the State		774 PHYSICIAN'S NAME (TYPE OF PRINT) A. F. NAZEMI, M.D. 278 ADDRESS CHURCH HOSPITAL CO. 100 N. BROADWAY, BALTIMO									RPOF	RAT]	_	1231	
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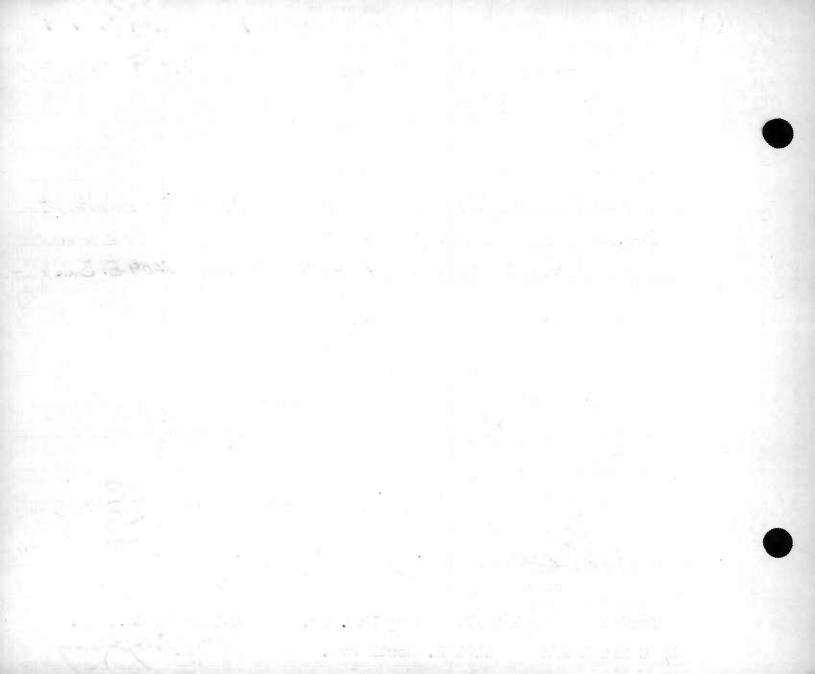


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH I. DECEASED NAME FRNA MARGARET BANACHOWSKI 2b. HOUR (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR 4 RACE MONTH Female White 1911 Dec. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED BALTIMORE CITY U.S.A. Marvland DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Can JOHNS HOPKINS Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Baltimore 1521 Orlando Road 113d INSIDE CITY LIMITS? laryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 0 Iga MIDDLE Schmeiser John Hoppe ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT N(YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Orlando Rd. John J. Banachowski1521 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOT 7 TO ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from ond that in (my) lour) opinion death occurred on the date and hour and from the course stated (did (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL TO FUNERAL (should be deto with the Stote (DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME TYPE OF PRINTI EMOC 236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Baltimore County. Burial Gardens of Faith BP. 25a. DATE REC'D. BY REGISTRAR 25b. RESISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 50M7/77 William E. Johnson 8521 Loch Raven Blydgrp ? (VRA 15(4))

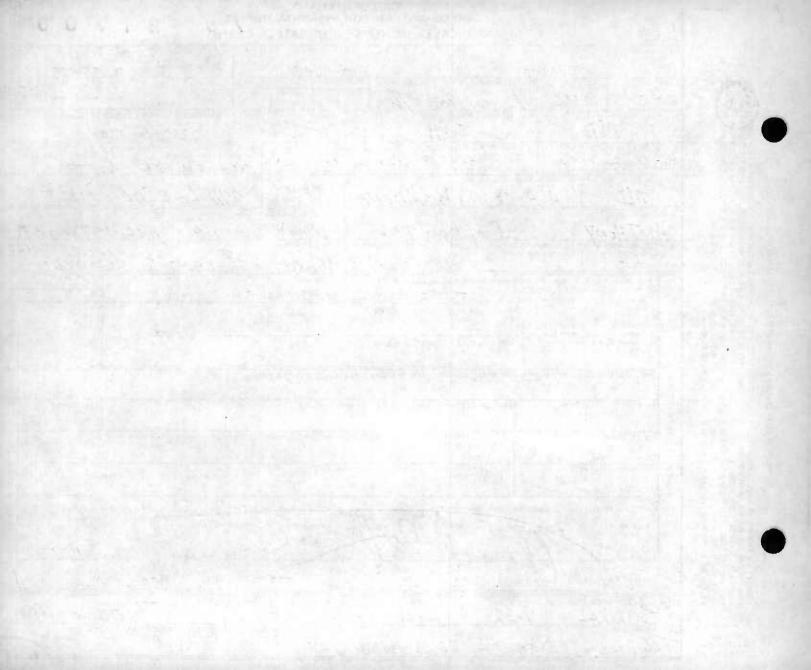
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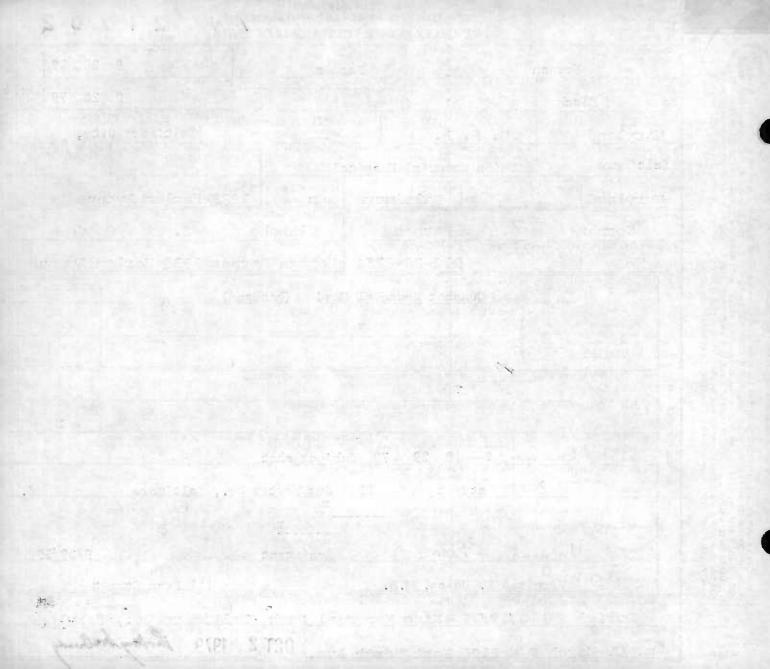
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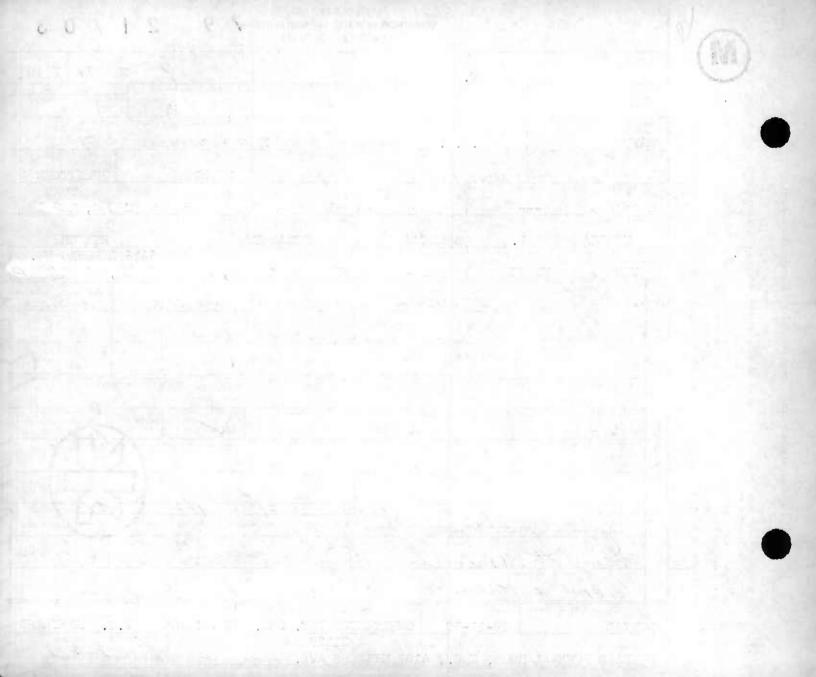


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ORO	BE ENDINGEDING	Z	27/14										
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DIVISION OF VITAL	S CERTIFICATE SHOURTHE WORD THE WORD THE WORD TO THE CHIEF SHOULD BE US SHOULD BE US FIGHT OF PRIOR TO BURRIAL, (1)	EX	21a. EXTERN	AL CAUSE WAS	21b. TIME O		21c. I	HOW INJURY OCCURRI	ED (ENTER NATURE O	INJURY IN ITEM 18 P	ART 1 OR PART		
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	INER: ICATE, ICATE, IOR: P THE SI ND, 21	5	22a. l cer	ify that I took charg	ge of the remains de	scribed abay	re, held an Auto	psy , Inspectio	ın 🔲 , İnqu	iry L, and	d in my apin	ian	
	PECA FECA CTOP FILE AND		death resul	ted fram: Notu	ral causes .,	Accident	, Suicide	Hamicide X	Undetermined	monner,			
	EXAMI CERTIFI ULD BE DIRECT WITH NARYLAI			115	4	00	A.A	TITLE (SPECIFY)			DATE		
	AL MAL		ACTUAL SIGNATURE	Urra	unia of	100 lar	-/11Y)	M.D. Assistant	EMEDICAL EX	AMINER	SIGNED.	9/29/7	9
	MEDICAL CUTE THE SE 4 SHG FUNERAL ER DEATH TIMORE, A		EV A AA IN IED/I	٥									
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL A AFTER DEATH, BALTIMORE, M.		(TYPE OR PR	INT) VIT	ginia L.			_ADDRESS		ll Penn	Stree	t	
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	JRIAL, CREM.	ATION, REMOVAL			AME OF CEMETERY		23d. LOCATIO CITY OR TOWN		COUNTY	ST	ATE
11 21	BP				10/14/7	9 Ki	ng Memor	rial Park		more C	0.1	Maryla	nd
1609	DHMH - 17	24. FI	JNERAL DIRE	CTOR	ADDRES	5		25a, DATE	REC'D. BY REGIS	-	SIKAR'S SM	NATURE	
	(VR A15 ME (5))	V	Vm. C.	March	F/H 110	1 Eas	t North	AVA UUI	2 197	4	7	-crossing	





may be

Poge 4

executed within 24 hours after

death certificate

requires that the

30

PHYSICIAN: The attending physicial

ATTENDING

etoined by the haspital TO HOSPITAL

1	FOR - STATE			DEPARTA	AENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2 1	7	0 4
1.00	REGISTRAR CEASED NAME	FIRST		AIDDLE 17: mm]		AST	REG. N		YEAR	In wown
	E OR PRINT			Virgl	е		M		7520	2h HOUR
3. SE		HARLE	4 RACE	rkerr	BARR 5 DATE O		September		UNDER 1 YEAR	5:05P M
3. 50					MONT	DAY YEAR			NTHS DAYS	HOURS MIN
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	Oklahoma	OREIGN	U.S.		MARRIE	D NEVER MARRIED	Baltimor		rueain	MD.
,	TY OR TOWN OF DEA Baltimore		(IF NOT IN SUC	HEACHITY, GIVE STREET	eral	DR OTHER INSTITUTION Hospital	174 USUAL OCCUPAT (TYPE OF WORK FOR MOST		12h. KIND (INDUSTRY	OF BUSINESS OR
13a.	STATE Tyland	HOWE O	ROTHER INSTITUTION, NTY, LPd.	GIVE RESIDENCE BEFORE LLY CITY OR TOW ELLICOTT	Cty	13d. INSIDE CITY LIMITS?	3601 Under	roak Roa	ıd	
14, F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LA	151
L	ate Virgle	Bar	rett	LAST		late Monta			LA	3.
160	WAS DECEASED EVER	IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADD			
	Yes, no or unknown	Ko	rean	443 10	6285	Lucille Bar	rett 3601 U	Jnderoak		21043
CERTIFICATION	Conditions, if ony, gove rise to improve to improve to improve to improve to improve the construction of t	which nediate ag the last.	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE ONGESTIVE ONTRIBUTING TO D	NCE OF ALL AND PROCESS OF THE ALL BUT	d left ventric myocardial inf rt failure wit NOT RELATED TO THE TERM	cular was farction th severe c	ardiome	I IN PART 1	(a)
FF							YES X NO		NG CAUSES	S OF DEATH?
MEDICAL CERT	210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DE	P.,	M. MONTH DA	YEAR	21c HOW INJURY OCCUR				
MED	AT WORK AT WO	HILE		EET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22d PHYSICIAN'S N	d olive or did XII or ME (TYPE O	Septemb N view the body	ofter doth.	79_, 01	ATTENDING PHYSICIAN	death accurred an the c	AFF	121-DATE	that X (we) last e causes stated E SIGNEE
23e B	BURIAL, CREMATION,	REMOVAL	Sept :		_	EMETERY OR CREMATORY	123d LOCATION	ward, Ma		nd STATE
24 F	UNERAL DIRECTOR	tzke	4112 Co.	lumbies Rd	Elli	cott City 250 BATT	EP13 1979	R 25b. REG	- Sight	Bhody

BP. DHMH-16 20M (VRA 15, 4) 7/78

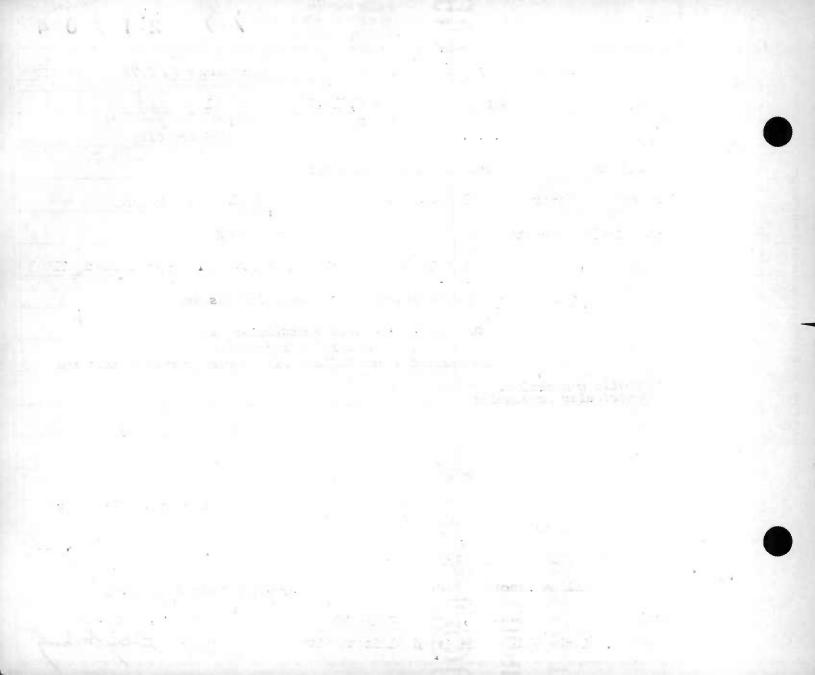
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical

injury, ar ather traumatic event, the

IMPORTANT: If hem 21 is marked at them 18 shaws any

14 FUNERAL DIRECTOR Harry H. Witzke



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OWATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Pocretoined by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions about be detached for use as the burial-transit permit. Then please remove carbonapapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be carried of once.

FOR

REGISTRAR

DECEASED NAME

Female

Maryland

Baltimore

Md.

Robert

LYES NO OR UNKNOWN)

Conditions, if any, which gove rise to immediate couse (o), stoting the

underlying couse lost.

226. SIGNATURE

22d PHYSICIAN'S NAME (TYPE CAMINIT)

14. FATHER'S NAME

no

CERTIFICATION

MEDICAL

DHMH-16 20M

(VRA 15, 4) 7/78

14' BIRTHPLACE (STATE OR FOREIGN

IN CITY OR TOWN OF DEATH

- STATE

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR Hester Barrett September 30. 1979 6:25 AM 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS MONTH VEAR MONTHS DAYS HOURS MIN 72 16 White 02 76 **BALTIMORE CITY OR COUNTY OF DEATH** 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore Citu 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maryland General Hospital USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 134. INSIDE CITY UMITS? 13e. STREET ADDRESS 3917 Shilon Avenue Carroll Hampstead NO T 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Hattie Halbert Long ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 217-54-8853 Mr. Daniel R. Burrier, Hampstead, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Cardio Pulmonary Failure IMMEDIATE CAUSE (O)_ DUE TO, OR AS A CONSEQUENCE OF Metastatic Carcinoma of Lung DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 19 211 LOCATION 21a PLACE OF INJURY

19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from Sept. 14 - 10 September 30 1979 spw the deceosed alive on above M) (we) (did) WM Nov view hip to mit the Meanth of Mea and that in (ipy) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

22e ADDRESS

Krikor Tatouan, M.D. Maruland General Hospital 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY)

Burial 10-3-79 Jessops Cemetery 24 FUNERAL DIRECTOR ADDRESS

Eline Funeral Home, Hampstead, Md.

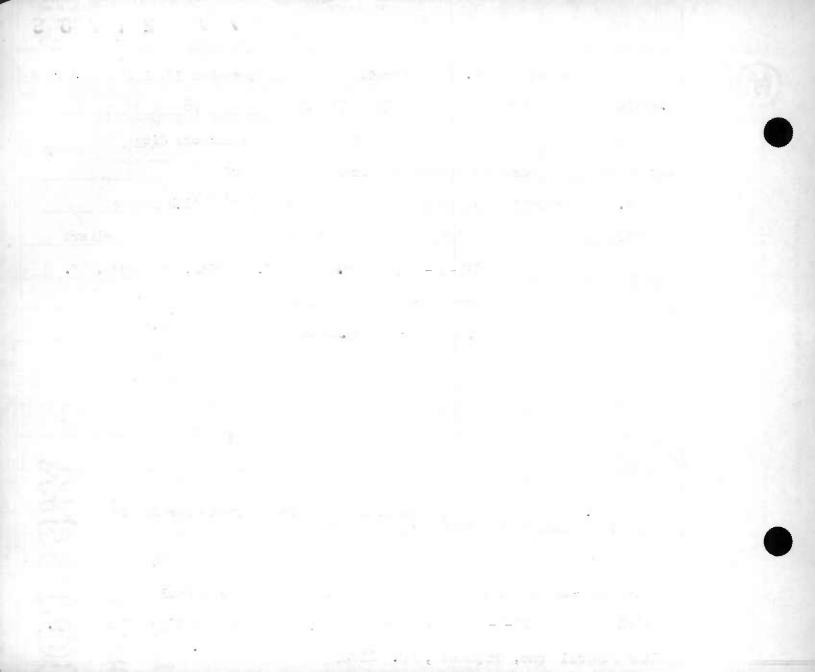
MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

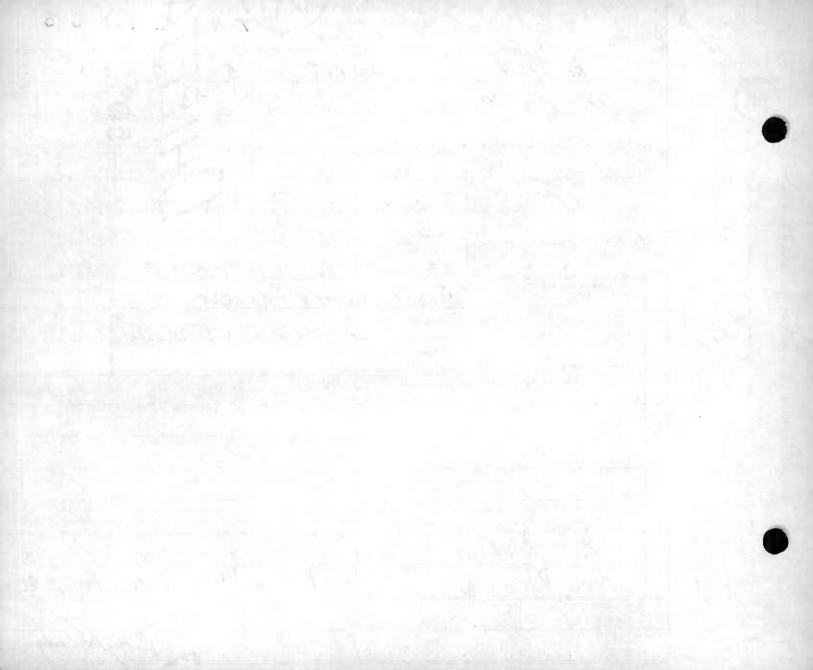
Cockeysville Balto Md. 250 DATE RECTO. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

THE DATE/SIGNED

STATE



1/	1				STAT	E OF MARYLAND				,
16	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	•	2 1	/ 0	6
	1. DE	CEASED NAME - FIRS	ohn	MID RE.		AST Barrett	REG. N	MONTH D	AY YEAR 2h	HOUR
	(TYPE	OR PRINT)	HM		DA	RRET	9	91	179	M
	3 SEX	- M	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	_		INDER 24 HRS
		RTHPLACE (STATE OR FOREIGN		White what COUNTRY?	0	0 11 64	9 BALTIMORE CITY	YRS	DEDEATH	
3	CC	OUNTRY)		WHATCOUNTRY		NEVER MARRIED				
		laryland TY OR TOWN OF DEATH	U.S.A	HOSPITAL NURSIN	G HOME C	DR OTHER INSTITUTION	Balti		12b. KIND OF BU	MD.
1			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	A OTHER WISHINGTON	(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	3111E33 OK
1	JUSU A	Saltimore AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	y Hospi	ADMISSION		Insuran	ce Ago	ant	
2 (13a S	STATE 13b COL	INTY	13c. CITY OR TOW	N		13e. STREET ADDRESS		D = = -1	
211		laryland		Baltimo	ore	YES NO	5528 Wh	itby !	Koad	
M		FIRST	MIDDLE	LAST		FIRST	- MIDDLE	11	LAST	
UU		indrew vas deceased ever in u.s. a	PMED FORCES?	Barre		Elizabeth	ADDR		McNulty	
1		(ES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR OATES)						7171	D 2
		No		1215-01-	-160%	Mildred M.	Barrett	5528	APPROXIMATE BETWEEN ONSET	
		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying couse lost.	(b) DUE TO, O	r as a conseque	NCE OF	MYUCARDIAL	7, 11 11	C / JUN		
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERMI	nal disease or con	IDITION GIVE	N IN PART 110	
9	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. 1F YES, IN CERTIFY YES	WERE FINDINGS ING CAUSES OF	USED DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME C	DE INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR				
1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	LAIN	м.	19					
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (I) (this has	pital) attended th	e deceased from_			, to	,)	9, that	(I) (we) fost
		sow the deceased alive a above, (I) we) (did) (did n	n	ofter death	. 01	nd that in (my) (aur) opinion d	leath occurred on the d	ate and hour	and from the caus	es stated
		22b. SIGNATURE	low view me body	oner deam.		DEGREE			224 DATE SIGN	VED
		Med 1	CiChi.	an	mi	ATTENDING PHYSICIAN	MEDICAL STA		9/11	179
1		22d PHYSICIAN'S NAME (TIGE	ORPRINT)	าป		Palto Cite	Hosp.	Easter.	Ave !	Zillo A
	23a B	SURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	E	Burial	Sept.	12,1979	Но	ly Redeemer	Balti	more	Mary	land
		JNERAL DIRECTOR		ADDRESS		The second secon	REC'D. BY REGISTRAR	25h REPISTR	AR'S SUNATORE	de
	Le	eonard J. Ru	ck, Inc	. Baltin	more	, Md. CEE	1 3 1979	house	7"	1



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be filed within 72 hours

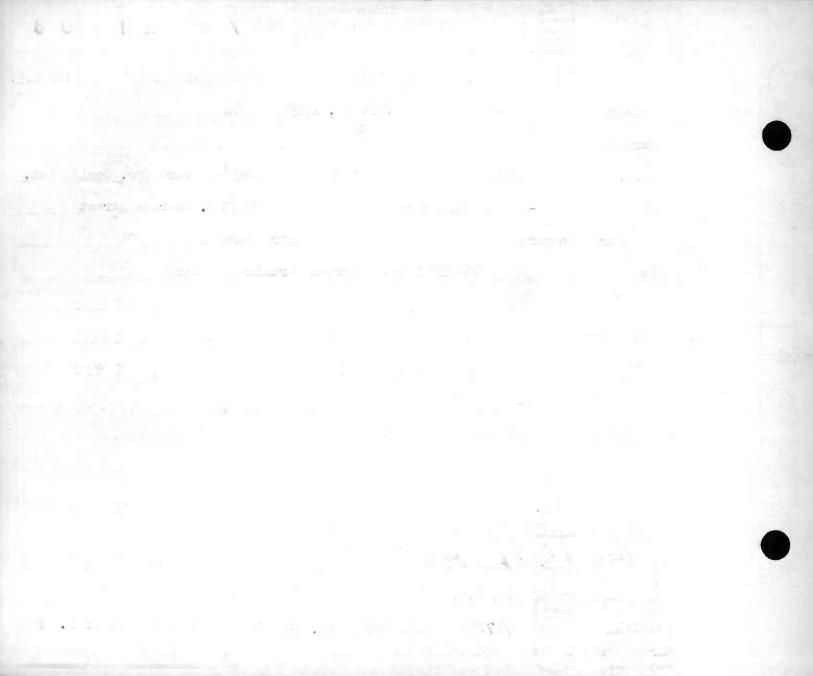
should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

			STAT	TE OF MARYLAND		
1134	1-	FOR STATE		HEALTH AND MENTAL HYGI	eney 9	2 1 7 0 7
		REGISTRAR	CERTII	FICATE OF DEATH	REG. NO.	
1	1. DEC	CEASED NAME FIRST OR PRINT) ROBERT	- A	RETT	2a. DATE OF DEATH	B 79 2:11 M
	3. SE)		A RACE S. DATE ON ONE	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHE	
:35	7a Bil	RTHPLACE (STATE OR FOREIGN DUNITRY)	76 CITIZEN OF WHAT COUNTRY? B MARRIE WIDOW	ED LI NEVER MARRIED L	Balto	
S/polified	B	alto City	11. NAME OF HOSPITAL, NURSING HOME (UF NOT IN SUCH TACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	WORKING LIFE INDUSTRY
SE must be	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ARLES ST.
O O G	14. FA	THER'S NAME FIRST UNK	MIDDLE OWN LAST	15. MOTHER'S MAIDEN NAM	NO WIDGLE	LAST
e medical	(Y	VAS DECEASED EVER IN U.S. AR/ (15 YES, NO OR UNKNOWN) (15 YES, GIVE	WAR OR DATES)	SELF	ADDRES	
event, th		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), and (c) D BY: E CAUSE (a) D ISSEMIN 076	ed Intravasc	cular Coa	Sula trav 48 hrs
raumatic		5990 Conditions, if ony, which	DUE TO, ORAS A CONSEQUENCE OF	is		10 days
ir ather ti		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	, TRACT	INFECTI	ON Sweeks
injury, o	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BY	HAND2	AL DISEASE OF CONDI	TION GIVEN IN PART 1(0)
Z ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO		YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO } \sqrt{\sq}}\sqrt{\sq}\sqrt{\sq}\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sq
hem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA [IF EITHER, NOTIFY MEDICAL EXAMINER]	THE PARTY OF THE P	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
arked ar	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo		saw the deceased alive an above, (1) (we) (did) (did not	tol) ottended the deceased from 19 79, o	nd that in (my) (our) apinion de	, to	, 19 7 , that (1) (we) last e and hour and from the causes stated
ZT: # Hen		226. SIGNATURE	MI STAN	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	221. DATE SIGNED 9-8-79
MPORTANT: If them		JOS - MART	INEZ-O'LARA	300 / S.		VER
5	(:	BURIAL, CREMATION, REMOVAL SPECIFY) Remova 1	236. DATE 236. NAME OF 6	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
777		natomy Board	Balto., Md.	SEP	1 4 1979	be Besser & Schaure

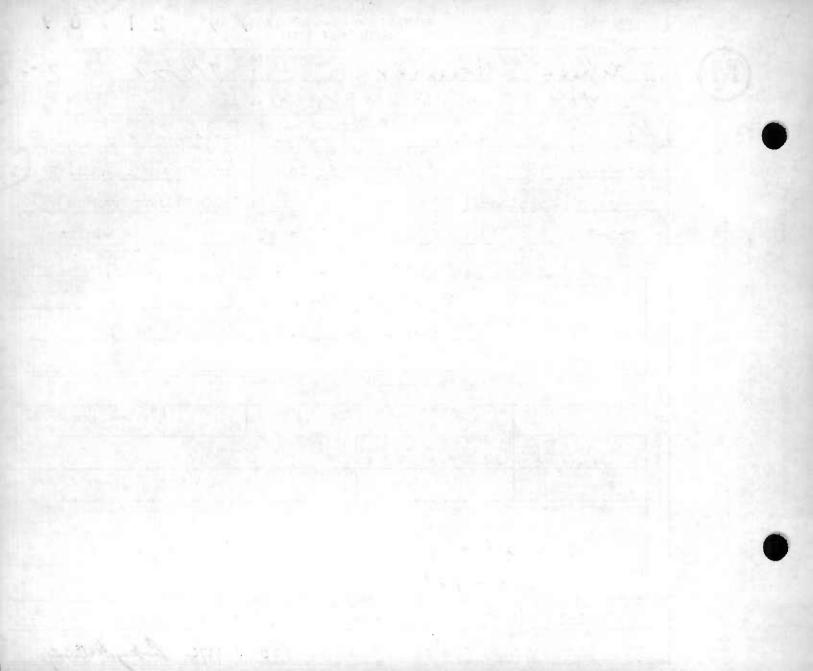
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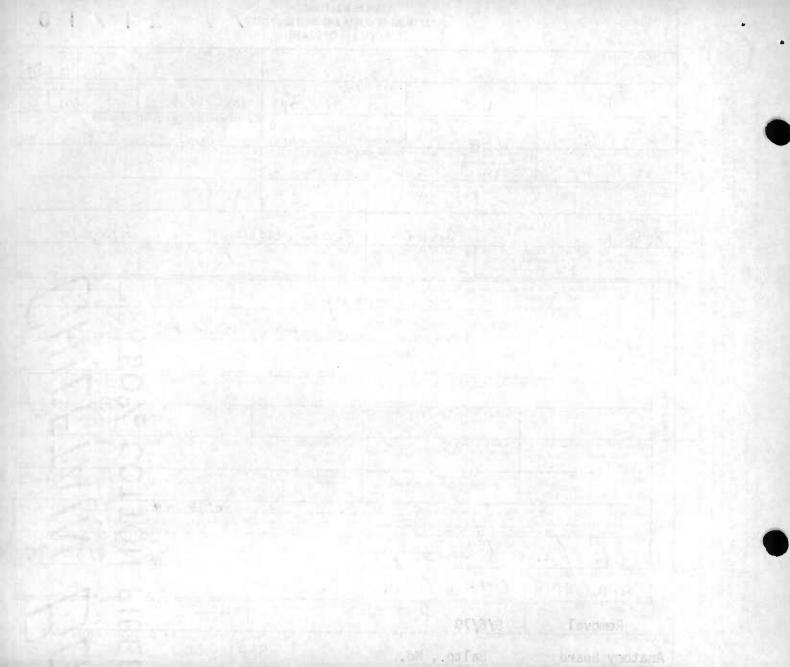
STATE OF MARYLAND



		1					STAT	E OF MARYL	AND				
X		1.	FOR STATE REGISTRAR			DE	PARTMENT OF CERTI	HEALTH AND		reg. N	2 7	0 9	
	M	I DE	CEASED NAME	FIRST A1	exand	MIDDLE er ?+~~	XXX	Bath	ory	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 7 F	F M
	re l	3 SE		le	RACE	hit	MON	OF BIRTH	24	6 AGE (IN YEARS LAST BIF	RTHDAY) IF UNDI	DAYS HOURS MI	RS N
	nerol di n 72 ho	0	IRTHPLACE (STATE OR FO OUNTRY) Dhio	REIGN 71	CITIZEN OF	S.A.	MARRI WIDOW	ED X NEVER	MARRIED	Baltimore city		ATH	MD
10	by the fulled within		NY OR TOWN OF DEA		1. NAME OF	HOSPITAL, P	City H	OR OTHER INS	NOITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST Brickla	TON 12b OF WORKING LIFE) IN [KIND OF BUSINESS OUSTRY	-
4ND 212	filled in the fi	13a.	AL RESIDENCE (IF NURSI STATE	ING HOME OR O	THER INSTITUTION	130 CITY O	E BEFORE ADMISSION	13d INSIDE C		13e STREET ADDRESS 2913 De			
MARYL	ond 2 sh	14 F/	Gabriel	ΜI	DDLE	Bath	ST		s maiden nan first zabeth	MIDDLE		Hosvay	
TIMORE	be execu	1	WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE W		-0.7	L SECURITY NO. 20-7429	Bett		athory		elmar Av	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires that the death certifications is signed by the pttending phen please rembre corbang to bural, cremation, or reminity, or other traumatic even	NO	Canditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last	DUE TO, O	PR AS A CON	ISEQUENCE OF	NOT RELATED	O TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)	
AL RECOR	on. has been to permit Thermal. It emprior to ows only in	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR V	WHICH OPERATION	ON WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, WERI	E FINDINGS USED CAUSES OF DEATH?	
I OF VITA	SICIAN: TI ng physicia rentificate rial-transit ental Hygi- ttem 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	" 1		H DAY YEAR	21c. HOW IN	NJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR	PART 2)	
IVISION	offending offending the but hond M	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	IILE 🖂		OF INJURY REET, FACTORY,	OFFICE, FARM, ETC.]	211 LOCATION STREET	ON	CITY OR TO	wn cou	JNTY STATE	
۵	spital or Spital or CTOR: Af Ifor use a of Health		22a.1 certify that (1) saw the decease abave, (1) (we) (d	d alive an_				nd that in (my)	, 19) (aur) opinian d	, to and the c	. 19 late and haur and f	, that (I) (we) I	
•	by the hore ERAL DIRE or detoched State Dept		226. SIGNATURE 5)5,	grk 1	OM				MEDICAL STA	(FF	R. DATE SIGNED	
	etained by to FUNERAL should be de with the State		22d. PHYSICIAN'S NA	2) See	gel		22e ADDRES					
		23a. (BURIAL, CREMATION, I		23b. DATE	770	23c NAME OF			23d. LOCATION CITY OR TOWN	COUNTY	STATE	
	BP	24 5	Buria		9/7/		Meadow	riage		Dorsey,		, Maryla	nd
DH	MMH - 16 60M 1/75 (VR A 15 (4))	14	NAME 7922 Wis			Inc,	alk, MD	21222		5 1979	Liopay S	Credy	



(A)	1.	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 7 9 2	1710
(161)		CEASED NAME FIRST	WIDDIE	LAST	ZE. DATE OF BEATT	DAY YEAR 2b. HOUR
1 75	(TIPE	ORPRINT	Во	wer	09	1 79 10.05AM
of de	3. SE	×	1 RACE 5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4 ector			C. O	7 01 79.	Newbern YRS.	4/2 50m
h. Po	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	0.1
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rely f	14. F.	ATHER'S NAME		15. MOTHER'S MAIDEN N.	AME	t tast
mplet more	1 6	lo beu-	Bauer	Jean Mg	rie mon	Knight.
d comples I one	16a. Y	WAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
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ficate b hysicio papers. loval.		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (c).) D BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtific p phy on po emov			E CAUSE (0) Premate	why.		
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death death ottend ottend otion, a		Conditions, if ony, which gove rise to immediate	(b) Canalio-	ROS DISTOR	ganesi.	
the rem		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
s that ed by please riol, cr			(c)	TALOT BELLYED TO THE YEA	WIND DISCASS OR CONDITION OF	VEN IN PART 1/a)
equires n signe Then p to bu injury,	Z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BE	I NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION OF	A ELA BALLAKTI ((A)
beer mit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO
DING PHYSICIAN: The lo or offending physician. After this certificate has se as the bornal-transit per outh and bornal-transit per outh and mental Hygiene	18	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
SICIAN: Ti ng physici certificate rial-transis ental Hygi them 18 sh		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEA			
HYSICI ding in cert in cert burial Ments or them	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TOWN	COUNTY STATE
G Pl offer the s the	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			
A S O E		22a.1 certify that (1) (this hospi	tol) attended the deceased from 520 pt	1 9-1 19-79		, 19 <u>79</u> , that (1) (we) lost
21 of For		saw the deceased alive on obave, (I) (we) (did) (did no	t) view the body after death.	ond that in (my) (aur) opinio	n death occurred on the date and ho	
OR A hos Post of the hos Pept.		226. SIGNATURE	a Challerje	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 91179
HOSPITAL ned by the FUNERAL uld be det on the Store ORTANT:		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS	1.0	
0 0 0 1 0		(HANDANH	CHATTERJE	5-B-G		
of of shape of the	23a.	BURIAL, CREMATION, REMOVAL	100.0	CEMETERY OR CREMATORY	23d. LOCATION CITY ORTOWN	COUNTY STATE
BP	L	Removal	9/6/79			CTD A DIG CICALATIVES
DHMH - 16 25M	1.0	UNERAL DIRECTOR	ADDRESS	25a. D.	ATE REC'D, BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
(VR A 15 (4)) 9/74	IA	natomy Board	Balto., Md.		SELT 1 13/3 V	The streets



3		item 18b. G53 FOR - STATE REGISTRAR	DE	PARTMENT OF I	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE / 9	2 1 7	11
		CEASED NAME PIRST	ian H.	I	Baugh	9/26/79	MONTH DAY YEAR	10: 13A M
	3. SE	* Female	RACE White	5 DATE		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE. MONTHS DAY	
of once	C	RTHPLACE (STATE OR FOREIGN Maryland	U.S.A.	MARRIE WIDOW	D NEVER MARRIED	_	rcounty of DEATH ore City	MD
Motified	2	Balymne	(IF NOT IN SUCH FACILITY, GIV	VE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker	F WORKING LIFE) INDUSTE	O OF BUSINESS OR
35	130.		other institution, give resident NTY 13c. CITY O	OR TOWN	13d. INSIDE CITY LIMITS? YES NO 🙀		lsdale Road	i
1000 SC	14. F	Edward	MIDDLE Han	ion	15. MOTHER'S MAIDEN NA EIRTEN	J.		lley
medicol	16a \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	F WAR OR DATES)	46-1873	Mr. Ernest	V. Baugh, Jr		sdale Rd.
ny injury, or other trou	ATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A COM (c) CONDITIONS CONTRIBUTION Tigh CONDITION FOR 1	NG TO DEATH BU		AINAL DISEASE OR CONE	DITION GIVEN IN PART	
grows any	CERTIFICAT			WHICH OFERATIO		YES NO	IN CERTIFYING CAUS	NO [
21 is marked ar Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK SOW the deceased alive on sow the deceased alive on	HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, tol) attended the deceased	OFFICE, FARM, ETC.) from 19	216. HOW INJURY OCCUR 216. LOCATION STREET 7 19 nd that in (my) (our) opinion	city or tow	OUNTY 6 , 19 72	STATE State (i) (we) lost
MPORTANT: If Item	0	226 SIGNATURE TO M STA TO A PHYSICIAN'S NAME (TYPEO) JA Y M	STARK	λ	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAF	F _ / G	TE SIGNED
17,0	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	9-29-1979	Loude	cemetery or crematory	23d LOCATION CITY OR TOWN Baltimore	e county	aryland
7/77	24 F Ru	uneral director ck Towson Funer	al Home, Inc.	1050 Your Towson.	ork Road 250 DAT Maryland C1	TE REC'D. BY REGISTRAN	25b. RE 1848 5 510	Windy

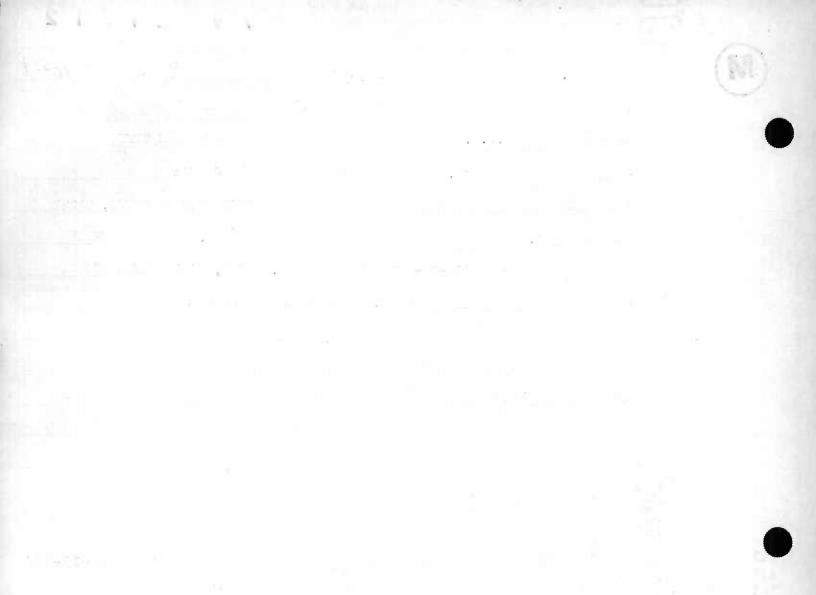
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HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE

STATE OF MARYLAND

FOR

(VRA 15, 4) 7/78



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physician ond completely filled in by the funeral dis npopers. Pages 1 and 2 shauld be filed with p 72 hou

ned by the attending physician

injury, or other traumotic

IMPORTANT: If Item 21 is marked ar Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, ar remayal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEME

1-	STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
	CEASED NAME FIRST MI	riam MIDDLE A	acV	Beach	20 DATE OF DEATH M	9-16-7	9 26. HOUR 7.30 M
3. SE	Female "	white	5. DATE OF MONTH	BIRTH OAY YEAR O	6. AGE (IN YEARS LAST BIRTHE		YEAR IF UNDER HARS DAYS HOURS MIN
C	RTHPLACE (STATE OR FOREIGN 76.	U.S.A.	MARRIED WIDOWED	☐ NEVER MARRIED ☐ DIVORCED 🙀	Baltimore City OR	COUNTY OF DEAT	th MD.
10 C	Baltimore	NAME OF HOSPITAL, NURSING (IF NOT IN SUCHEACILITY, GIVE STREET		OTHER INSTITUTION	OT USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WARE)		rberudigess or cery
13a. S	THER'S NAME Balti	more Dunda	lk I	34 INSIDE CITY LIMITS? YES NO DO NOTHER'S MAIDEN NAME OF THE PROPERTY OF THE P		y Place	
	William MID	Eppers	on	Sarah	Lee	5	Spivey
	VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (IF YES, GIVE W.	D FORCES? 16b. SOCIAL SECU		Douglas R.	ADDRES Dorney, S	6810 Bos	ston Ave.
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NDITIONS CONTRIBUTING TO	ENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CONDI	ITION GIVEN IN PA	.RT 1(a)
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		20b. IF YES, WERE F IN CERTIFYING CA YES	
	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.		21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PA	RT 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		21f. LOCATION STREET	CITY OR TOWN	n count	Y STATE
	22a. certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not) v	19		that in (my) (aur) opinion (, to deoth occurred on the dot	e and hour and from	, that (I) (we) lost m the couses stated
	22b. SIGNATURE p. Vittallee	004		EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	_/ 0	DATE SIGNED
	224 PHYSICIAN'S NAME (TYPE OR PE	REDDY		22e ADDRESS	MABITA	7 No Her	DITA

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or ottending physicio

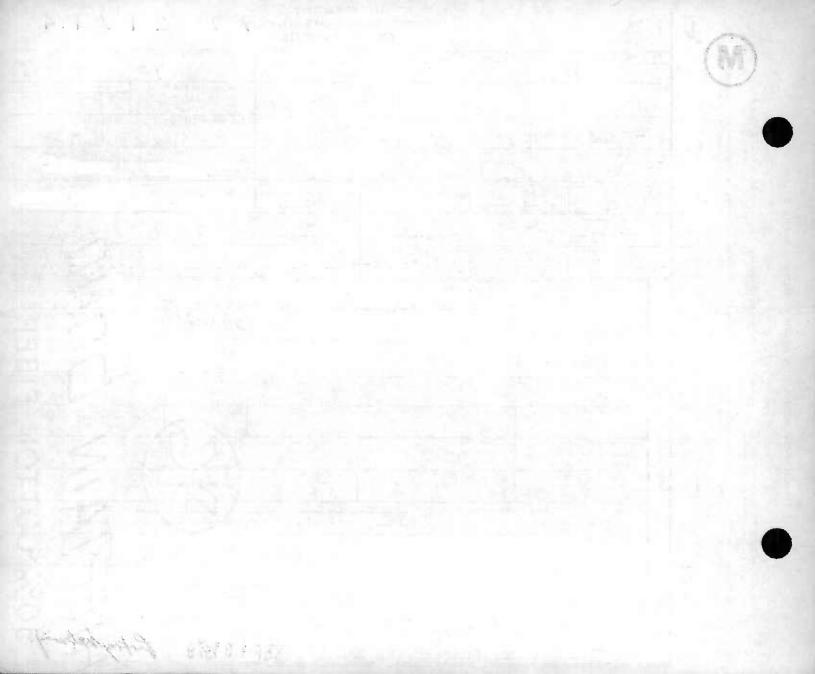
DHMH - 16 50M 1/76 (VR A 15 (4))

23a BURIAL, CREMATION, REMOVAL 236 DATE

23d LOCATION CITY OF CEMETERY OF CREMATORY
Sacred Ht.of Jesus Baltimore, Baltimore, MD

Burial 9/20/79 Sacred
14 FÜNERAL DIRECTOR Duda-Ruck, Inc.
7922 Wise Avenue, Dundalk, MD

21222



(M)	N	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYL EALTH AND CATE OF I	MENTAL HYGI		EG. NO.	2	1	1 5
nay be page 3	1		CEASED NAME J	EANET'	TE _	AN TI	-	ECK		20. DATE OF DEA	NOM HT		1	26. HOUR
ige 4 mo) rector, po urs after d		3. SE	PEMALE		1. RACE	UCASIAN	5 DATE O	F BIRTH DAY	YEAR 92	6 AGE (IN YEARS L	como	YRS.	UNDER I YEAR	HOURS MIN.
erol di 72 ha	SE ST	Zo BI	RTHPLACE (STATE OR FO	reign 7	USA	WHAT COUNTRY?	MARRIED WIDOWE	NEVER /	MARRIED []	9 BALTIMORE C BAL	TIMO	RE CI	TY	MD.
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LAND 2 1.3 nin 24 hau ly filled in should be	ed sale	13a. S	ARYLAND	NG HOME OR O		GIVE RESIDENCE BEFORI 130. CITY OR TOW BALTIMO	N	13d. INSIDE C	NO 🗆		ress OLDS		#2121(LA.,	O APT. 104
mARYLA rted within ompletely 1 and 2 sh	Ocemine		THER'S NAME FIRST AARON			COHEN			S MAIDEN NAM	MI	DDLE	770	HART	
be executed and control on and contr	medical		VAS DECEASED EVER LES, NO OR UNKNOWN) NO		MED FORCES?	215-05-			NTONIO,	MARVIN E TEXAS	7821:			MATE INTERVAL
201 W. PRESTON ST, es that the death certif ned by the attending pl please remove carbant ural, cremation, or rem	njury, ar ather traumatic event, th	NO	Conditions, if any, gave rise to imm couse (a), stating underlying cause	which nediate g the last	DUE TO, OF DUE TO, OF DUE TO, OF	CORENSEQUE HIGH MY RAS A CONSEQUE CONSEQUE CONSEQUE CONTRIBUTING TO I	ence of	rame	E AS	З'НD, Ь,			I IN PART 1(a	g)
ALRECON The law rection. The law rection. The law rection. The law rection.	nows on 2	CERTIFICATION	190 DATE OF OPERAT	A E		TION FOR WHICH	OPERATION			200 AUTOPSY	X I	CERTIFY		NGS USED OF DEATH? NO
HYSICIA Inding plans certif burnal-t	or Item	MEDICAL CE	21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA 21d, INJURY OCCURR	AUSE OF DEAT	P./ 21e. PLACE (M. MONTH DA	19	21c. HOW IN		ED (ENTER NATURE C	OF INJURY IN	ITEM 18, PART	COUNTY	STATE
t OR ATTENDI the hospital or I DIRECTOR: A tached for use e Dept. of Heal	MPORTANT: If Item 21 is marked	V	220.1 certify that (I) sow the decease above, (I) (we) (d 22b. SIGNATURE	(this haspite d alive an id) (did not	view the bady	Gotter death. 19 Z	[DEGREE	ATTENDING PHYSICIAN	eath occurred an MEDICAL DIRECTOR P	STAFF		nd from the	
7// BP	≥	(URIAL, CREMATION, SPECIFY BURIAL		SEPT.11	,1979 B	ALTIMO	ORE HEE	BREW		BALT	0.		RY LĂND
DHMH - 16 50M 7/7 (VR A 15 (4))	7	100	NERAL DIRECTOR S			ADDRESS			SE	P 1 3 19	79 25b.	first	yhe	Credy

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN 9 2 / 9 PARTMENT OF HEALTH AND MENTAL HYGIEN 9 2 / 9 PARTMENT OF DEATH REGISTRAR DECEASED NAME FIRST MINORE LAST 20 DATE OF DEATH MONTH DAY YEAR 12th HOUR												
		OR PRINT) Joseph) wigore		Bed		20. DATE OF DEATH			9	h HOUR			
	3 SEX	Male	White		5. DATE C	16 05	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS C	_	HOURS MIN			
17	7a. 81	RTHPLACE (STATE OR FOREIGN CHUNTRY) CERMANY	U.S.A		8 MARRIEI WIDOWE		Balti	OR COUNTY			MD			
0	Ba	altimore	600 Mau	de Av	enue	R OTHER INSTITUTION	126. USUAL OCCUPA (TYPE OF WORK FORMOS) Mechani	TION OF WORKING LIF LC	12b. KII INDUS	UC OF	BUSINESS OR king			
3	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	VIY 13c_C	ESIOENCE BEFORE CITY OR TOWN	١ ١	13d. INSIDE CITY LIMITS?	13600 Mau	de Ave	enue					
מכ	14 FA	Unk.	WIDOLE	LAST		Unk.	WIDDLE		1	LAST				
	16a. W	VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIV		3-10-9		Helen Beck		Addre	ess					
	NO	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTR	a Consequei	NCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CO		EN IN PAR	RT 1(0)				
7	CERTIFICATION	19a. DATE OF OPERATION	OF OPERATION 196. CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FI	NIN PART 1(0) WERE FINDINGS USED ING CAUSES OF DEATH? RT 1 OR PART 2) COUNTY STATE				
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	JURY IN ITEM 18, F	PART 1 OR PAR	T 2)				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, FA	CTORY, OFFICE, FA	RM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY		STATE			
		22a I certify that (I) (the sow the deceased alive un above, (I) (we) (did to a decease)	The standard of the	19_/		d that in (my) (our) opinion	deoth occurred on the	date and hou		the co	uses stated			
		22b. SIGNATURE	HL	M	D	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗌	24	Z. S	Sp. 77			
		Dr. Richard	E. Fishe			4700 Penni		e, Bal	Lto,	Mď	21226			
	(5	Burial, CREMATION, REMOVAL	23b. DATE 9/25/79		dar	emetery or crematory Hill Cemete					Md			
	G G	edre J. Gon	ce 4001 F	Ritchi	e Hg	wy Balto St	P. 27 1979	R 25b. REG	RAR'S SIG	NATU	hody			

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Wii 1bert September 10. S. Behner 1979 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR Male White HOURS March 11. 60 TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED Baltimore U.S.A. Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR 2011 Portugal Street (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Brewery Line Leader Retired Baltimore JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 1325TREET ADDRESS Ugal Street Baltimore YES A NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Myrtle LAST Edward Sann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) 3-2-111 2011 Portugal Street Mrs Agnes Behner 218-09-6193 Yes 18 CAUSE OF DEATH LEAVE 2017 4 De couse per limite APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 30, W. PRESTON SP. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate other couse (b), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNI ICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) VITAL RECORDS FICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (I) (this hospital) arended the deepgred from and that (in (my) our) opinion death occurred on the date and hour and from the causes stated lew the body ofter death DEGREE 22 DATE SIGNED 4 ATTENDING STAFF FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIAN [220 PHYSICIAN'S NAME (TYPE OF PRINT should by with the Shoul with 23e. BURIAL, CREMATION, REMOVAL 23b. DATE TIC NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore County, Maryland Burial 9-13-1979 Sr. Heart of Jesus 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 & Zeiler Inc. 1901-07 Eastern Avenue (VR A 15 (4))

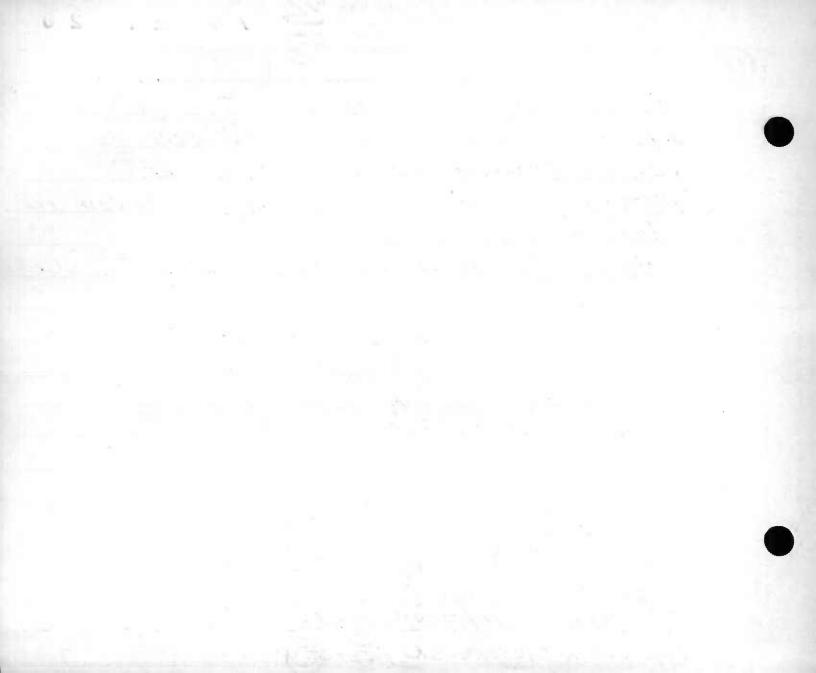
STATE OF MARYLAND

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1	11.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 1 1
1 75 2		CEASED NAME FIRST ROBER	T LEL	BELL	SEPTEMBER 14,	1979 8:50A
(M)	3 SE	MALE	1 RACE COL	5. DATE OF BIRTH		FUNDER LYEAR FUNDER 24 HRS ONTHS DAYS HOURS MIN
O 1 1 177		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED DEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY C	DF DEATH
4 4 5 5 5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5	TI	ALTIMONE	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPES WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
M hours		AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEA	ORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	Dun
MARYLAN red withing omd 2 ston exaginent	14. FA	THER'S NAME FIRST	MADONE LAST	YES NO 15. MOTHER'S MAIDEN NA	ME MIGOLE	LAST
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
TIMORE be exect be exect on and con and con emedical		(IF YES, GIV	216 30	4011 MRSBREND	9 BELL T30 N. F.	ULTUN AUE
off., BAL			nly ane cause per line for (o), (b), ED BY: TE CAUSE (a)	dution pre	umani.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON S eath ce tending		585 - Conditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE OF Melman	severs	
W. PRESTON ST., BALTIMORE, not the death certificate be executed by the otherding physicion and construction conductors or removal.		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF	1 homes	
201 per plec	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	5	MINAC DISEASE OR CONDITION GIVE	N IN PART 1(o)
been been been prior ony ir	CERTIFICATION	190 DATE OF OPERATION	198. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
ON OF VITAL R. HYSICIAN: The inding physicion. is: certificate has buriol-tronsit per Mental Hygiene Mental Hygiene ar Item 18 shows		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE		DAY YEAR JACHOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	
VISION OF SPHYSICIA The certif The burnols and Mental ked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 211, LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION BRANCHER OF THE OFFICE OFFIC		WHILE NOT WHILE AT WORK 229.1 certify that (1) (this base	ntol) attended the deceased from	7/1/25 18 7	5-10-4/19/75-19	9_75, that (1) (we) last
21 d f f f f f f f f f f f f f f f f f f			of view the body offer death.	and that in (my) (aur) apinion	death accurred on the date and hour	and from the causes stated
S = 1 2 =		22b. SIGNATURE	Juliano	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED.
TO HOSPITAL Cretoined by the TO FUNERAL D should be detoo with the Storte D IMPORTANT: If		228 PHYSICIAN'S NAME (TYPE	Wifeesne	Tolung	Honken Iston	to/
11 -11	23a.	SUPIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	EM LOCATION	OUNTY STATE
1609 BP	24 F	WERAL DIRECTOR	7-14-14 ADDRESS	250. DAI	TE REC'D. BY REGISTRAR III. IF GISTRA	AR'S SIGNATURE
(VR A 15 (4))	V	ISTOH L. KUSTE	2777 W. No	RTH AUE SE	P 2 0 1979	7

CARACTER AND A CONTRACTOR 7 2 N Very may he was 2505 to March Home

STATE OF MARYLAND



FOR STATE REGISTRAR	DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	REG. NO	2	1 2	2
DECEASED NAME FIRST / TRYIN (IS	SRAEL)	BEN	DER	20. DATE OF DEATH	PT 17,	YEAR 2	430 _{pm}
3. SEX 4. RACE		5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTH	MONTH		IF UNDER 24 HRS
MALE	WHITE	FEB.		85	YRS.	IS DATS	HOOKS MHY.
78. BIRTHPLACE (STATE OR FOREIGN 76 CITIZE	N OF WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY OF	COUNTY OF	HTASC	
RUSSIA	USA	MIDOME	DIVORCED		ORE CITY		MD.
(IF NO	AE OF HOSPITAL, NURSING DT IN SUCH FACILITY, GIVE STREET A 001 PARK HTS	DDRESSI		IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF DESIGNE)	WORKING LIFE) IN	NDUSTRY	BUSINESS OR CLOTHING
USUAL RESIDENCE (# NURSING HOME OR OTHER INST 136 STATE 136 COUNTY MARYLAND	134 CITY OR TOWN BALTIMOR	E I	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 6001 PARK I	APT. HTS. AVE		1215
14. FATHER'S NAME FIRST MIDDLE MORRIS	BENDER		15. MOTHER'S MAIDEN NAM FIRST SOPHIE	MIDDLE		JNKNOW	'N
160 WAS DECEASED EVER IN U.S. ARMED FOR YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DA WWI			JACK POLEN	3117 NORTHI). #21	208
Conditions, if ony, which gove rise to immediate	n	NCE OF	tatic contractor	Toneer -		<u></u> [y	NATE INTERVAL NSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITION 190 DATE OF OPERATION 190 210. ACCIDENT WAS UNDERLYING 21b.	ONS CONTRIBUTING TO D			200 AUTOPSY? YES NO	20b. IF YES, WE	IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE	
OR CONTRIBUTING CAUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH DA P.M.	19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	PLACE OF INJURY IOME, STREET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OR TOW	N C	OUNTY	STATE
22e. I certify that (I) (this hospital) after sow the deceased one on above, (I) we) (did/(did not) view the	0/116	9, ond	that in (my) (our) apinion of	death accurred on the do	te and hour and	I from the co	not ((we) lost ouses stated
22h SIGNATURE	Illen'	. 0	ATTENDING PHYSICIAN	MEDICAL STAF	F	22c. DATE SI 9-18	
224 PHYSICIAN'S NAME (TYPE OF PRINT)		1	22e ADDRESS	· · · · · · · · · · · · · · · · · · ·			

TO FUNERAL DIRECTOR should be detoched with the State Dept IMPORTANT: DHMH-16 20M (VRA 15, 4) 7/78

TENDING

Morton J. Ellin, M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

231 NAME OF CEMETERY OR CREMATORY

5310 Old Court Road Randallstown, MD

23b. DATE SEPT.19,1979 HAR SINAI

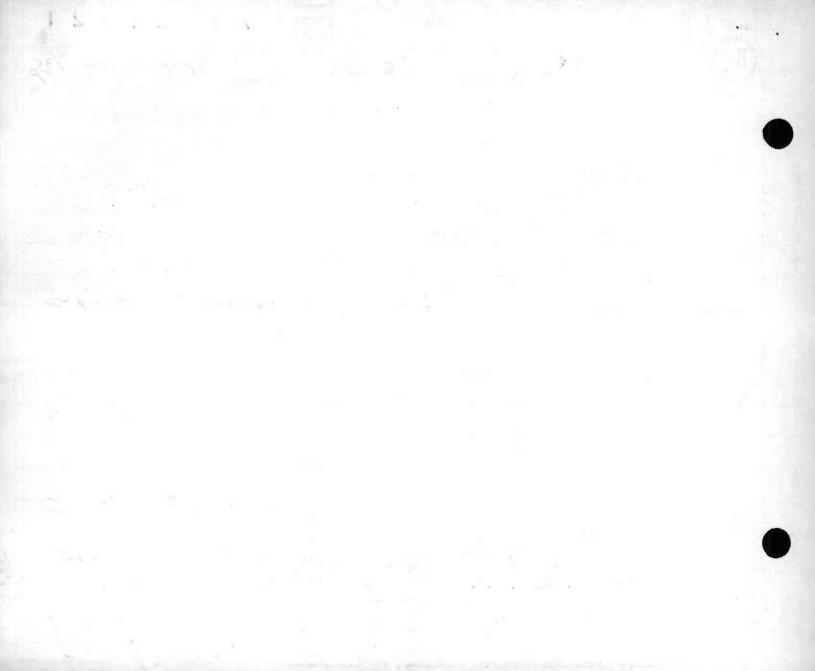
23d LOCATION
CITY OF TOWN
OWINGS MILLS 25a. DATE REC'D

BALTO. REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

MD

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.



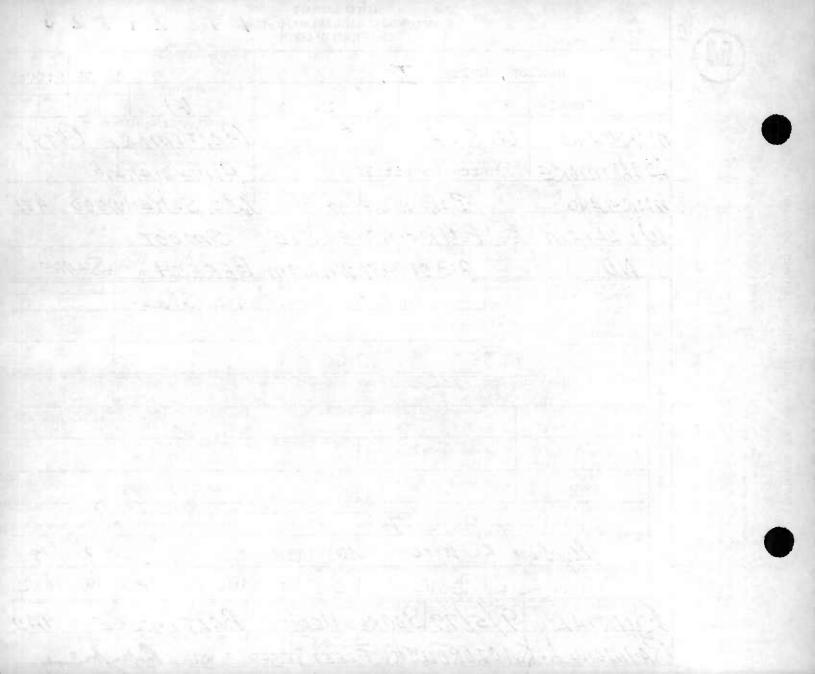
FOR - STATE

		REGISTRAR				CENTIL	ICATE OF	DEATH		REG. N	0.				
		CEASED NAME	FIRST		MIDDLE		LAST		2a DAT	E OF DEATH	MONTH	OAY	YEAR	2b. HOUR	
	(IIIre		arepa	3	S.	BE	NSON			Septen	nber	26,	1979	4:20P M	
	3. SE)	(4 RACE			OF BIRTH		6 AGE	(IN YEARS LAST BIR	(HDAY)		DER I YEAR	IF UNDER 24 HRS	
		Female		Whit	е	Set		1887		92	YRS	MONTH	HS DAYS	HOURS MIN.	
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALT	IMORE CITY			DEATH		
51	-	Maryland		U.S	.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED			BAlt	imore (City			MD	
2	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION		UAL OCCUPAT			NOUSTRY	F BUSINESS OR	
3		Baltimore		Maryl	and Gener	cal H		1		ousewif					
5	130 S	AL RESIDENCE (# NUR TATE aryland	136 COUP		Baltimo	N		CITY LIMITS?		EET ADDRESS	Oger	s Av	70 -	4/8	
		THER'S NAME		WIDOLE	LAST		IS. MOTHE	R'S MAIDEN NA		MIDDLE			LAS		
0		John		onard	Snyder			Sennie		E.		Yo	oung		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORA			8908	Wood	stoc	k Dr	. W.	
		No			215-30-4	.984	Roge	er J. Ba	ker	Upper	Mar	lbor	O. M	a.	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY												MATE INTERVAL ONSET AND DEATH	
		PARTI. DEATH W	IMMEDIA	TE CAUSE (0)	ardiopuln	nonar	y Arre	st							
		133 DUE TO, OR AS A CONSEQUENCE OF													
		Conditions, if ony, which (b) Cerebrovascular Accident													
		gove rise to important to gove to the course	mediate)		EQUENCE OF									
		underlying couse		100000	R AS A CONSEQUE	NCE OF									
		PAGY X STAXOGRA	OKAKANO.	SON TO SERVICE OF THE	X42581(87548)		YAXAXXXX	KKK KK KK	KMMXX	KIN X KCKAKAT	KKOKKO	CNRM	X PAX PXIX	άΧ	
	NO.			1. C	arcinoma	of S.	igmoid	Colon							
	CERTIFICATION	190 DATE OF OPERA	TION		TION FOR WHICH				20a A	AUTOPSY?				NGS USED	
2	TIF	9/14/79			ndicitis						YES [FYING CAUSES OF DEATH?			
3	CER	210. ACCIDENT WAS UN		216. TIME C	F INJURY T	MONTH DAY YEAR 216 HOW INJURY OCCUR					RY IN ITEM	18, PART I (OR PART 2]		
7	AL	OR CONTRIBUTING		110											
	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	LACE OF INJURY 211 LOCATION								OUNTY		
	×	AT WORK AT WO	HILE -	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC.)	21466	:1		CITY OR TO	414		DUNIT	STATE	
		200 certify that of (this haspital) attended the deceased from September 14 19 79 to September 26 19 79 that Mixwe) lost													
		sow the deceas	ed plive on	Septemb	er 26 19	79	nd that in Am	👣 (our) opinion (death acc	curred on the d	ate and h	hour and	from the	couses stated	
		27% SIGNATURE		y view viie body			DEGREE						22c. DATE	SIGNED	
	1	Richary	of D	Bour	Rev	m	J. D.	PHYSICIAN [MEDIC	CAL STA			9-27	-79	
		22d PHYSICIAN'S N	AME (TYPE C	R PRINT)	- /		22e ADDR	ESS							
		Richard	D. 1	Boucher,	M.D.		c/o	Marylan	nd Ge	eneral H	lospi	ital			
	23a. B	JURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF	CEMETERY O	R CREMATORY		OCATION CITY OR TOWN		COUN	VITY	STATE	
	(Cremation		Sept.2	7,1979	Wes	tview			Balti	more	N	(d)		
	24 EI	INIERAL DIRECTOR						ISC. DAT	C DEGMO	OM DECISTO AD	TEL CREC	(ETD AD)	CHEMIAT	LIDE OF THE	

DHMH-16 20M (VRA 15, 4) 7/78

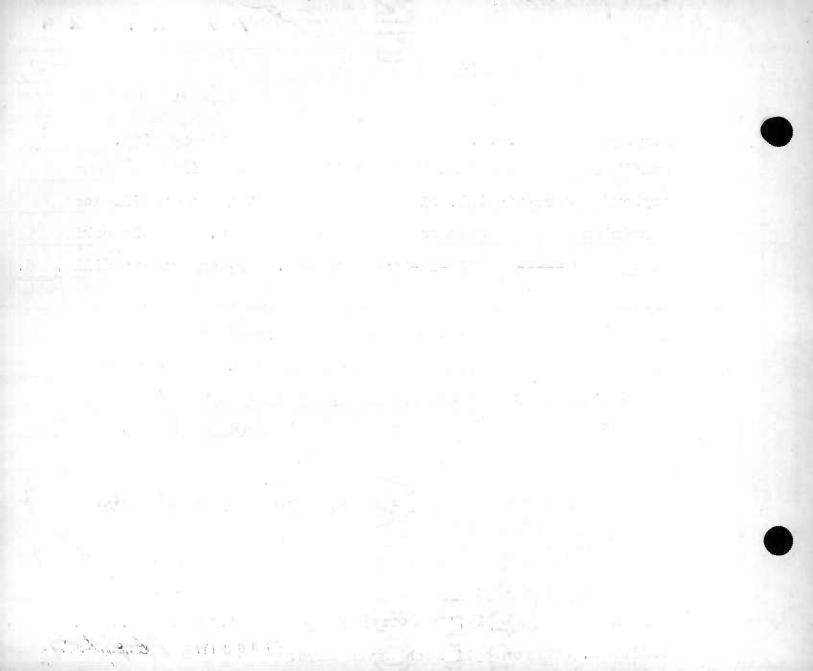
NAME Olin L. Molesworth, Daniascus, Md.

tend to



STATE OF MARYLAND

Item 6 g535 9/28/79 gj





BALTIMORE, MD. (21215)

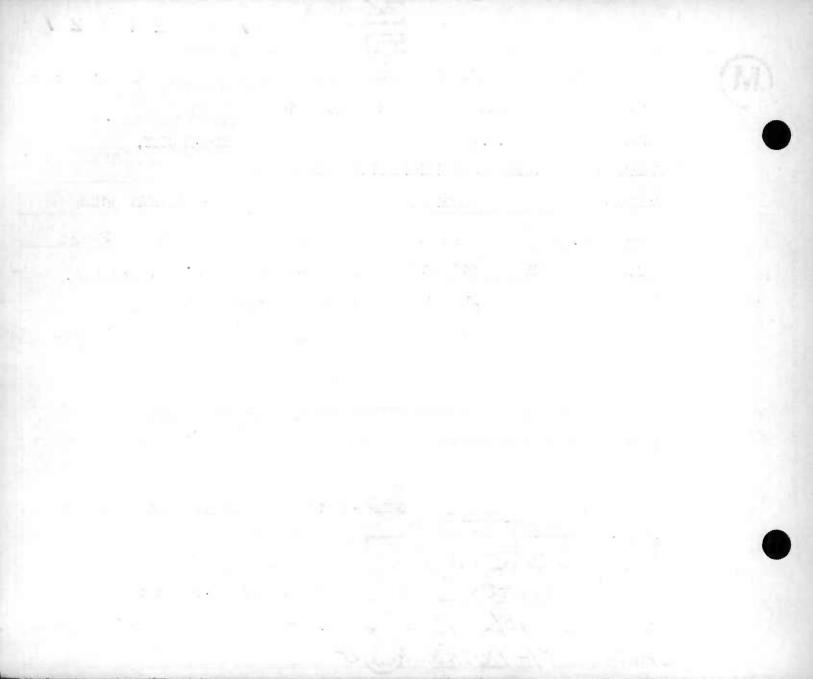
- STATE

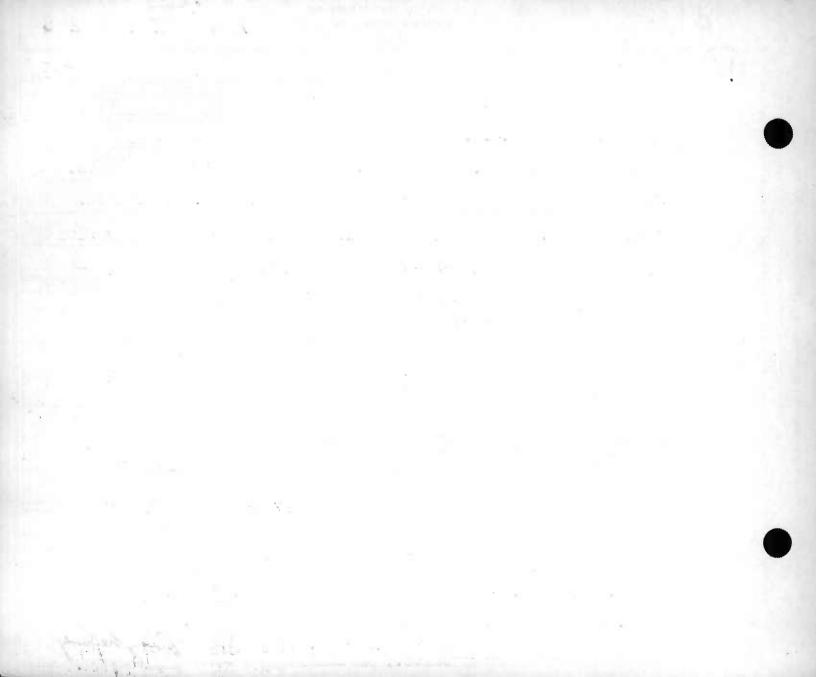
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SOL LEVINSON & BROS.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Con the Kind of the same 1-29-14 929 Manager of the Control of the Control THE CHEANEN 3 VI GO YELD THE BUTH the season of the season of the AT SUBJECT SUBJECT SHEET party and a special second





							STAT	E OF MARYLAND			. 4 65	ng or a
			1.	FOR STATE		DEPA		EALTH AND MENTA		9 2	1/2	7
			1 -	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
				EASED NAME FIRST		MIDDLE		AST		ATE OF DEATH MONTH		HOUR 12 05
100	75		(TYPE	OR PRINT) MAF	RK	EDWA	RD '	BILLING	-5	9-1	8-79	12 am
I WI	you good		3 SEX	1 2 / 3 .	4 RACE		5. DATE C			E (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
(10)	edo.			male		asia		JAY 7	9	YRS	13	HOURS MIN
-	5 P	57/	₹a. Bif	THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8. MARRIE	D NEVER MARRIE	D & 9 BA	LTIMORE CITY OR COUNT	Y OF DEATH	
	n 72	550	Ba	alto. Md.	I. W.	JA	WIDOW	ED DIVORCE	D 📗 🔍	BALTITO	R C Ci	ty MD.
	e fer d	po /	10. CI	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUI	RSING HOME (OR OTHER INSTITUTIO	ON 12a. (TYPE	USUAL OCCUPATION OF WORK FOR MOST OF WORKING		BUSINESS OR
-	rs off	T Jorie	Ba	altimore	SIN	A1 - 1	FOJP1	TAL		NONE		
120	in b	a P	USUA	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION		EFORE ADMISSION)	113d. INSIDE CITY LIM	AITC2 1124 C	STREET ADDRESS	_	
0 2	filled in rould be f	35	13a. S	TATE 136, COL	INIY	Balt		YES NO [7	111 Sterret	t Stree	t
NA I	- > 5	0		THER'S NAME		Dair		15. MOTHER'S MAID				
/RY	with pleteind 2	300		David	MIDDLE	Billi:		DAN	ALA	MIDDLE	CILIAST	FER
X	omp l an	-6		AS DECEASED EVER IN U.S. A	Buen FORCES	16b SOCIALS		17. INFORMANT	IVA	ADDRESS	71100	121
ORE	e exect	medica	16a. V	ES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)							
¥.	be e			NO		NO		Donna S	inger	same as 13		VOIE INVERVAL
MALI	ote	emovol.		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	only one couse pe	er line for (a), (b), ond (c).)	Λ .	1		BETWEEN ON	NSET AND DEATH
7	phy n po	o Le		IMMEDIA	ATE CAUSE (a)	Lard	IOLL	Arre.	17			
S	ding			MMAH	DUE TO.	OR AS A CONSE	QUENCE OF	- 1		1010		
STO	deoth ottend ove co	troumotic		Conditions, if any, which	(b)_	Necre	1 - 11	a thte	v0 60	litis .		
PRE	b e d	r tro		gove rise to immediate	DUE TO	OR AS A CONSE	OUENCE-SE	5		/		
₹.	thot the distribution of t	other		underlying cause lost.	(0)	SPILE	re Bh	Buch no	ulma	chary DVJ	plasin	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ned l	9 9		PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	TO DEATH BU	T NOT RELATED TO TH	HE TERMINAL	DISEASE OR CONDITION	IVEN IN PART I(a)	1
DS,	equire on sign	to bu njury,	Z	TREM	ATUR	7774.	ACI	TE RE	NAL	FAILURE		
Ö .		any ir	ATE	190, DATE OF OPERATION	19b. CON	DITION FOR WH	IICH OPERATIO			n AUTOPSY? 20b. IF Y	ES, WERE FINDING	GS USED
2	n. nos be	ws o	CERTIFICATION						Y		YES T	NO [
IAI	Sit e	Hygiene 18 shows	ER	2) g. ACCIDENT WAS UNDERLYING	(7) 2)b, TIME	OF INJURY		21c. HOW INJURY		ENTER NATURE OF INJURY IN ITEM 1	B, PART 1 OR PART 2]	
> 4	4 0	1864		OR CONTRIBUTING CAUSE OF	EATH HOUR	A.M. MONTH		10.5				
Z	SICI ing p	Mental or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		P.M. E OF INJURY	19	211, LOCATION				
S	PHY end this	A pu	MEL	WHILE NOT WHILE	(AT HOME, S	STREET, FACTORY, OF	FICE, FARM, ETC.]	STREET		CITY OR TOWN	COUNTY	STATÉ
≥G	NG offer of the	th o		AT WORK — AT WORK							10	to a dividual last
	ATTENDIN aspitol or ECTOR: Aft	Teof is m	1130	22a.1 certify that (1) (this has	pital) ottended	the deceased fr 7	79			to to courred on the date and h		hat (1). (we) lost
	R ATTEN haspitol RECTOR	of 10		saw the deceased alive a above, (1) (we) (did) (did	not) view the boo	ly after death.	IY, C		opinion deoil	roccorred on the dole one in		
	8 4 8 9 P	Hem Hem		226. SIGNATURE	1- 1/	- (1:11	DEGREE ATTEN	DINC M	EDICAL STAFF	22c. DATE S	DITA
		ZT. #		11.5.	Olm Ca	or - A	feifer	PHYSI		RECTOR PHYSICIAN	1//	119
	SPITAL I by th VERAL be det	AN	1	22d. PHYSICIAN'S NAME (TYPE		V	//	22e. ADDRESS		*	`	
	etained TO FUN	OR OR		DR. B. MULL	ER- I	PEIF	FER	JINA	1-40	DIPITAL		
	Of of Oth	with the State	230	BURIAL, CREMATION, REMOVA		1		CEMETERY OR CREMA	ATORY 2	3d. LOCATION	COUNTY	STATE
110				SPECIFY) Burial		21/79			1	Brooklyn	A.A.	Md.
(10)	BP		24 F						25a. DATE REC		ISTRAR'S SIGNATU	
	DHMH - 16 :	5 (4)) 9/74.	10	uneral director on same orge J. Gon	دم لیمم	1 Rite	hie Ho	WV	5	EPZ 4 19/19	pergray !	Chedy
	(14/11/4.	U	sorge o. don	CE 700.	THE	TITE TIE	<i>עיי</i>				

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	REGISTRAR CEASED NAM	AE FIRST			AIDDLE	AMINI		AST	CAIL	01 067	20. DATE	REG. N		H DAY	Y
(TY	PE OR PRINT)	Ma	rie	LUC:	ILLE	В	ily			- "	OF	MATED [<u> </u>	1	197
3. SE	X Eemale	4 RACE white	5. DATE MONTH	OF BIRTH	22 6.	AGE (IN YEAR	Y) MONTHS		IF UNDE	R 24 HRS.	26. DATE PRONOUN DEAD	NCED	9	1	19
F	IRTHPLACE OREIGN COUNTRY	STATE OR	1	EN OF WHAT	TCOUNTR	Y?	MARRIE WIDOWE	D X NE	VER MARI			ORECITY (_		DEA
1D. C	OWA ITY OR TOWN		11. NAM	NE OF HOSPIT IN SUCH FACER IN TEBEL				R INSTITU	TION			PATION (TY		K 12b. K	SS.
-	AL RESIDENC RYLAN	E (IF IN NURSII PHON	AE OR OTHER INS			ORE ADMISSION IN THE PROPERTY OF THE PROPERTY	E 1	3d. INSIDE C	NO TO	13.36	1490H	OCKB1	ERR	Y RI	D.
	ATHER'S NAM	ΛE	WIDDLE		MUR	PHY		15. MOTH	YLVI	A	٨	AIDDLE		-	LAS
	WAS DECEAS	ED EVER IN U.S.	ARMED FOR	CES?	16b. SOCIA	LSECURITY	NO.	7 INFOR	MANT		1	ADDRES	S	Sunt.	
4	NO.	(IF YES, G	IVE WAR OR DAT	i Esi	5222	07411		PAU	L BI	LY 3	649	ROCKI	BERF		RD.
		OF DEATH (Enter				nd(c).) ive he				-				BE	APPR
		a) stating the <u>und</u> ouse last.		UE TO, OR AS	S A CONSE	QUENCE C)F								
NO	lying co			(c)	NOT RELATED		NAL DISEASE		N GIVEN IN F	PART 1 (a).					
CATION	lying co	ause last.	ONS <u>Contributi</u> i	(c)	not related	10 THE TERMI	nal disease ction			PART 1 (o).	•			20	. AU
L CERTIFICATION	PART 2 DIHER 19a. DATE C	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS	ONS CONTRIBUTION 15	(c)	T NOT RELATED bral DN FOR WI	TO THE TERMI infar HICH OPERA	NAL DISEASE CTION ATION WA	S PERFOR	RMED?		NATURE OF IN	NURY IN ITEM 1	8 PART 1 OF		
MEDICAL CERTIFICATION	PART 2 DTHER 190. DATE C 210. EXTERN UNDERLYIN CONTRIBU	SIGNIFICANT (DNDITID DF OPERATION NAL CAUSE WAS NG OR TING CAUSE OF	ONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS 21 P. C.	(c) NG TO DEATH BUT Cerel 9b. CONDITION 1b. TIME OF IN	DN FOR WI	TO THE TERMI IN TAR HICH OPERA AY YEAR 19 (AT HOME.	NAL DISEASE CTION ATION WA 21c. HO	S PERFOR	RMED?		NATURE OF IN				
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MEDICAL	190. DATE OF THE PART 2 DITHER 190. DATE OF THE 190. DATE OF THE PART 2 DITHER 190. DATE OF THE 190	SIGNIFICANT (DNDITID OF OPERATION NAL CAUSE WAS OF OR TING CAUSE C OCCURRED NOT WHILE AT WORK Tify that I took ch Jited from: E SNAME RINT) ATION, REMOVA	DF DEATH 2 arge of the r	MG TD DEATH BUT Cerel B. CONDITIO B. TIME OF INHOUR A.M. A P.M. IE PLACE OF STREET, FACTOR emoins descri	NJURY MONTH C INJURY IN	TO THE TERMINATION OF T	Autops:	ATION REET Hami TITLE (S. ASS.)	Inspecticide SPECIFY) 1311	on, Unde	CITY OR TO	OWN ORDER	DA SIG	COUNTY county apinion	

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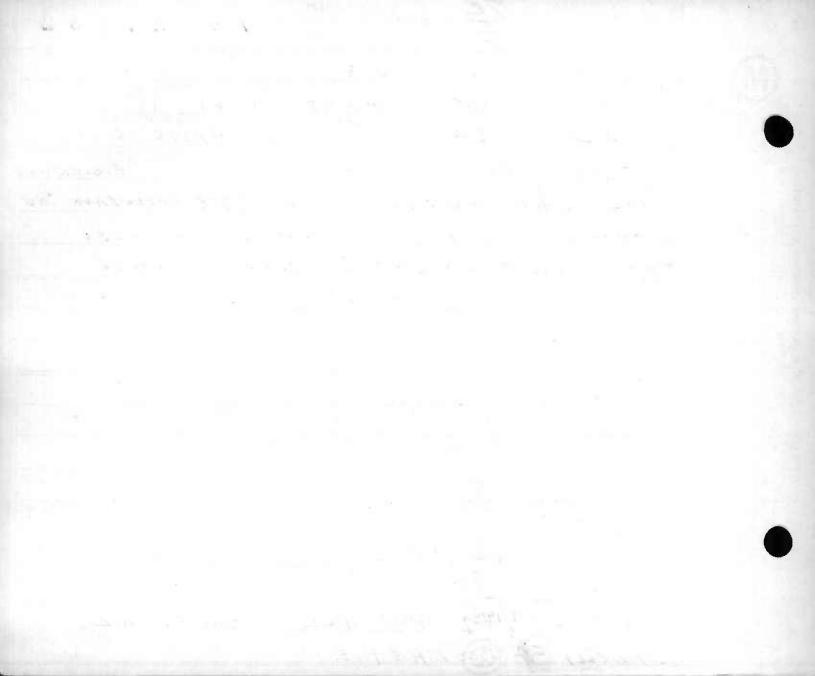
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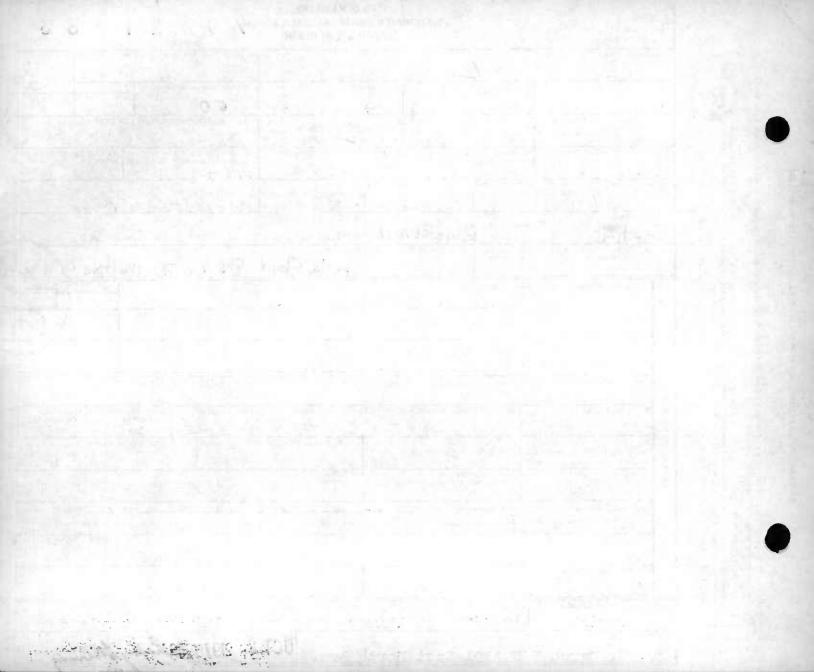
(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDOLE 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) 0 an 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS NEGRO MONTH YEAR HOURS To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET ADDRESS YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE JenVINAS LORREHA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS p (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Milton Aven APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION prior 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bei NOV YES NO F Mentol Hyg 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] P.M. 19 21d. INJURY OCCURRED 0 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COLINTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 79. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the Stote [MPORTANT. DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS amenici 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 10/6/79 Baltimore Cemtery Burial Baltimore, Maryland DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 7/73 (VR A 15 (4)) Wm. C. March F/H 1101 East North Ave.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH MONTH 26 HOUR BLAT AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR 1897 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED timore WIDOWED XX DIVORCED 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PHARMACIST DRUGS 13e. STREET ADDRESS APT. 101 #21215 13d. INSIDE CITY LIMITS? NO 15 MOTHER'S MAIDEN NAME MIDDLE MINDEL UNKNOWN MRS. INNA PARKHOMOVSKY 17 INFORMANT 6613 EBERLE DR., APT. 101 #21215 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 400 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIT YES [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21f. LOCATION CITY OR TOWN COUNTY STATE that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION SEPT. 26, 1979 ARLINGTON (CHIZUK AMUNO) BALTIMORE MARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRARY SIGNATURE

DHMH - 16 50M 7/77

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. (VRA 15(4)) 6010 REISTERSTOWN RD.

FOR

REGISTRAR

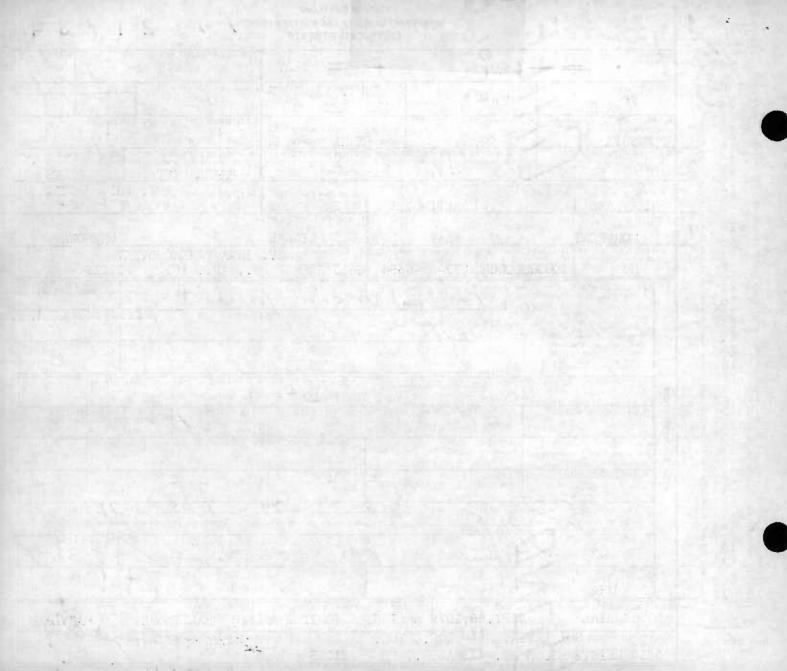
DECEASED NAME

- STATE

TYPE OR PRINT

BALTO., MD

21215



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(M)	1. DE(REGISTRAR CEASED NAME FIRST OR PRINT! FIG. 42		WIDDLE	LAST	REG. N.	O. MONTH DAY YEAR Z 8 7 9	26. HOUR 5 30
ge 4 mm ector con	3. SE)		4 RACE White		TE OF BIRTH NONTH DAY YEAR 11 8 1901	6 AGE (IN YEARS LAST BIRT		AR IF UNDER 24 HRS
death. Pouneral dir	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) New York City	U.S.	.A. WID	rried Never Married (Baltimor	9	MD.
ours ofter dec		Baltimore	Baltis	ch facility, give street address	spital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUSTR	O OF BUSINESS OR RY eteria
uin 24 hou in 24 hou is should be err must be		AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT MARY LAND	NTY	13c. CITY OR TOWN Balti	motes X NO	3829 Fost	er Ave.	
MARYL ompletely ond 2 s		THER'S NAME FIRST Unknown	MIDDLE	LAST	15 MOTHER'S MAIDEN FIRST UNKNOWN	MIDDLE		LAST
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours system ond completely filled in by opers. Poges I and 2 should be file val. it, the medical examiner must be not.	16a W	VAS DECEASED EVER IN U.S. AF (IF YES, GIV	RMED FORCES?	220-01-151	17 INFORMANT 18A Mrs. Irene	Birkhead, 38		ve.
201 W. PRESTON ST., BAL es that the death certificate ned by the attending physici please remove carbon paper urial, cremotion, or removal.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEQUENCE O	DF			
RECORDS,	CERTIFICATION	PART 2. OTHER SIGNIFICANT		ontributing to death		200. AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED
ON OF VITAL HYSICIAN: The ding physicion is certificate h buriol-transit. Mental Hygies or item 18 shoor item 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.m. month day y .m.	EAR 19	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
OIVISION Offendii ffer this os the but n and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ET	21f. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
OR ATTENDI OR ATTENDI D D RECTOR: A sched for use Dept of Heal		27a. I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	1	19	, 19, ond that in (my) (our) opini	, to, on death occurred on the d	ate and hour and from th	–, that (f) (we) lost he causes stated TE SIGNED
PITAL by the ERAL e dets Stote		27d. PHYSICIAN'S NAME (TYPES	DEPRINT)	mo	ATTENDING PHYSICIAN 228. ADDRESS	DIRECTOR PHYSIC	FF / 9/1	18/79
TO HOSPITA retoined by TO FUNERA should be de with the Stot IMPORTANT	23a. B	BURIAL, CREMATION, REMOVAL	1236. DATE	23c NAME	Soltimo OF CEMETERY OR CREMATOR	23d. LOCATION	Sy TRe 15	
2609 BP		Burial	Oct.	2. 1979 St.		CITY OR TOWN	econity.	state
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR		O.S. Conklin	Mathews Cemet	DATE REC'D. BY REGISTRAR	25a PEGISTRAR'S SIGN.	Bure



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1901 illustration

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Minister of the Control of the Contr

HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

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REGISTRAR

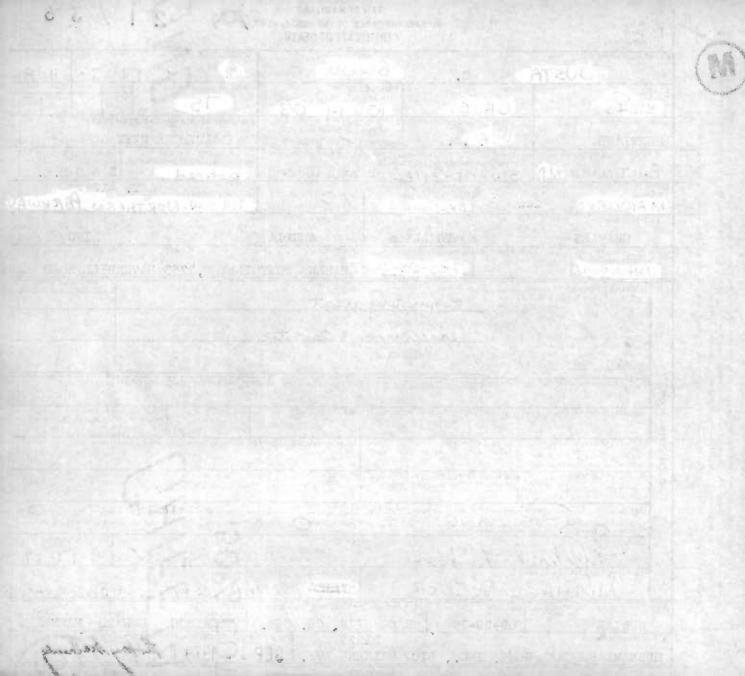
24 FUNERAL DIRECTOR

DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH YEAR 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HPS IF UNDER I YEAR VEAR HOURS 03 75 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SECRETARY B & O R.R. BALTIMORE APT. 422 13e STREET ADDRESS 113d INSIDE CITY LIMITS? 1190 W. NORTHERN PARKWAY NOF 15. MOTHER'S MAIDEN NAME MIDDLE AMELIA ZINC ADDRESS CHARLES MONTGILLION, 1253 HAVERHILL ROAD APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 286. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) our apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY HOWARD GRACE EPIS. CH. CEM. ELKRIDGE MARYLAND 09-20-79 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21229 ADDRESS

STATE OF MARYLAND

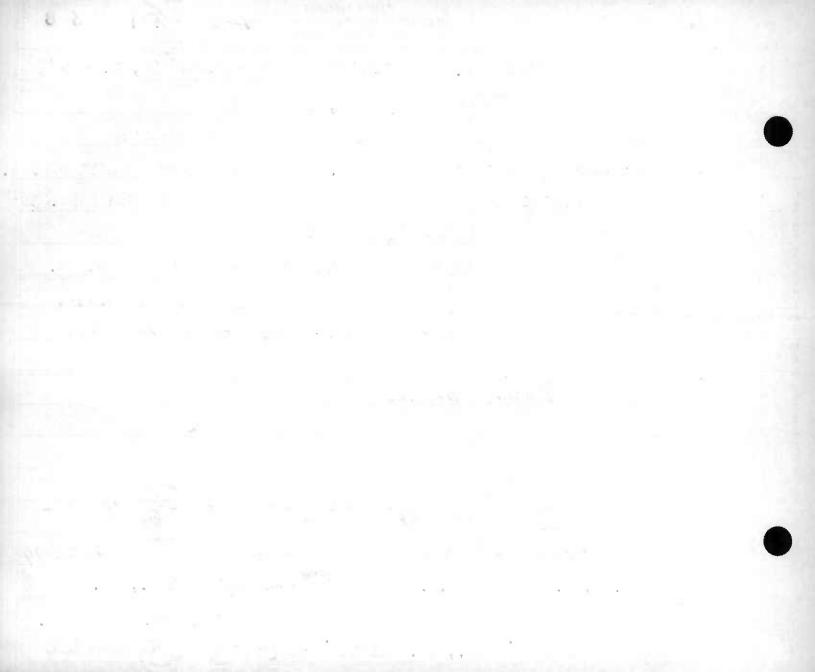
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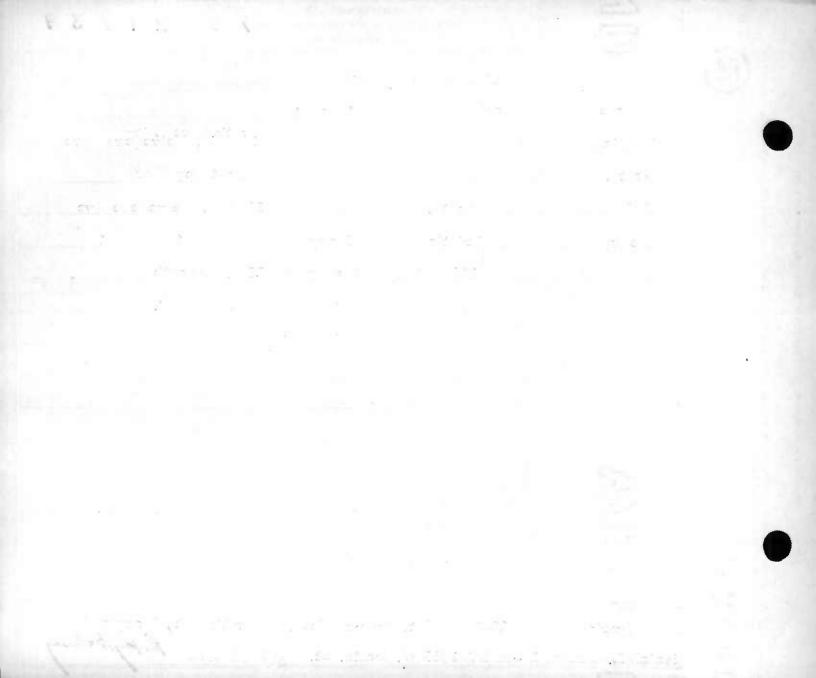


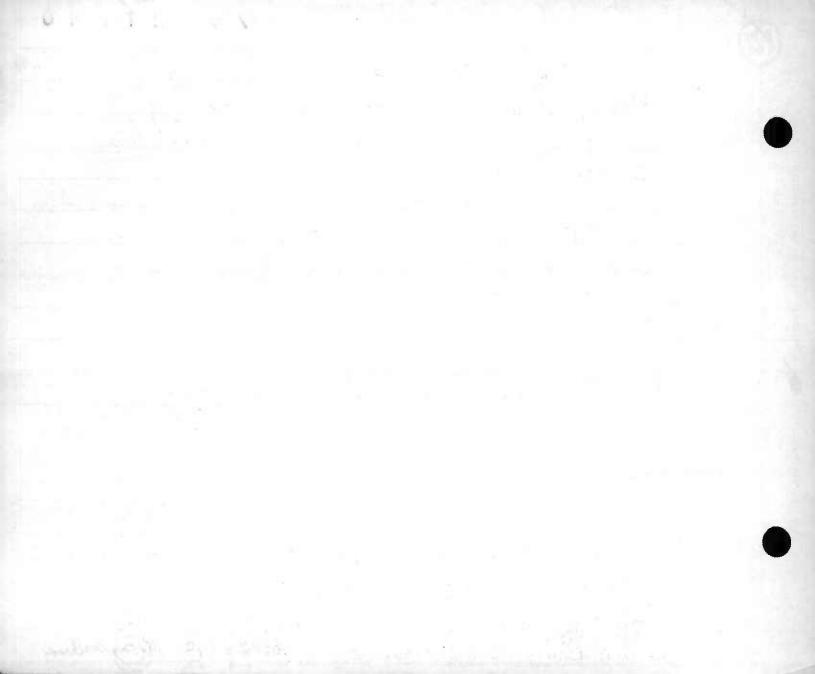
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m +			CEASED NAME FIRST		WIODIE	pro	LAST	20 DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
0 0				Scar		Bocc		Septembe		1979	
CA		3. SE	x male	4 RACE	te	5. DATE (6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	
	35	0	IRTHPLACE (STATE OR FOREIGN OUNTRY) Balto.Md.	76 CITIZEN OF	WHAT COUNTRY?	8	DXX NEVER MARRIED	9. BALTIMORE CITY O	_		
by the fur	of fied	10 €	ITY OR TOWN OF DEATH	11. NAME OF		ADDRESS)	OR OTHER INSTITUTION	12g. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ION	12b. KIND (of BUSINESS C
filled in rould be f	ed state	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU		130 CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 902 Dart	mouth		
completely 1 and 2 sh	30C		ATHER'S NAME FIRST Antonio	WIDOLE	Boccuti		15. MOTHER'S MAIDEN NA ROSalia	MIDDLE		Billa	ant i
s. Poges	medico		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? /E WAR OR OATES)	213-28-7		Mrs. Rosina	Boccuti 902	1	outh R	d.
thos been signed by the attent it permit. Then please remave a nene prior to burial, cremation,	nows any injury, or other traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, O		Selec ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200. AUTOPSY? YES NO	20b. IF YES	, WERE FINDI	
	dor Item 18 s	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P. 21e. PŁACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	21c. HOW INJURY OCCUR 21f LOCATION STREET	RED (ENTER NATURE OF INJUI		COUNTY	STATE
000	MPORTANT: If Item 21 is morked	2	WHILE AT WORK	ital) attended the action when the body	ofter death.		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN) 27e ADDRESS	, to	ote and hou	19 r ond from the	, that (I) (we) la
O de ₹	≥	23a. l	BURIAL, CREMATION, REMOVAL SPECIFY) Burial				EMETERY OR CREMATORY Wn Cemetery	23d. LOCATION CITY OR TOWN	Balto.	County	, Md.
1- 16 50M 7/7 'R A 15 (4))	7		UNERAL DIRECTOR NAME tchell-Wiedefe	1d Home	6500 Yorl	k Rd.	25a. DA1	SFP1 1 197	25b. REGIST	RAR'S SIGNA	TURE

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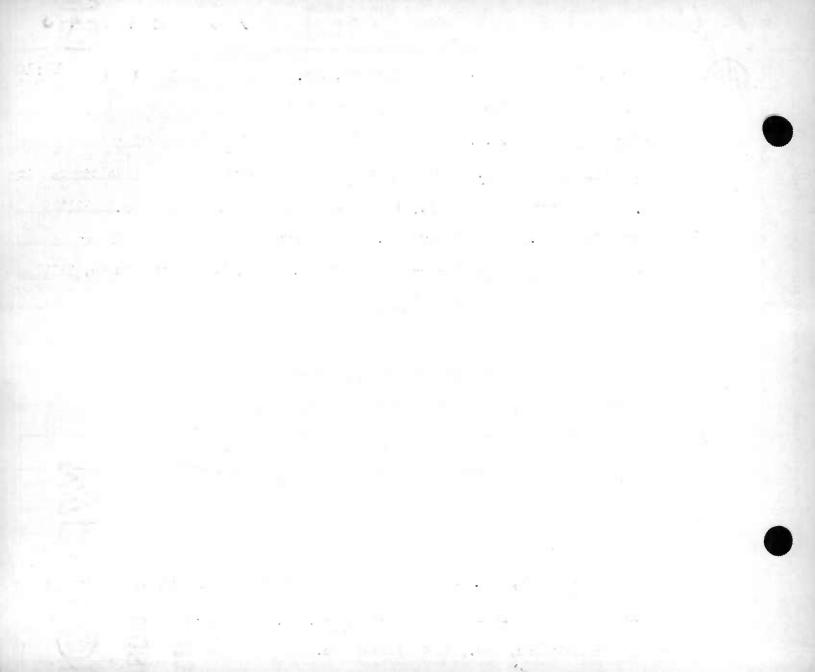
4 1 - FOR STATE REGISTRA	R		TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE/ 9 2 REG. NO.	1741
I. DECEASED NA	MAR	MIDDLE	BOND	20 DATE OF DEATH MONTH	01-79 954
	ME	RACE B	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 72 YR	IF UNDER I YEAR MONTHS DAYS HOURS MIN.
70. BIRTHPLACE COUNTRY!	SINIA	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BACTIMON	
BAL	N OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 126. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENT	CE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFT TY 136. CITY OR TO BAU	WN 134. INSIDE CITY LIMITS?	130. STREET ADDRESS	NSON AV.
300 Emm	- "	GRASH	15 MOTHER'S MAIDEN NA	ESSIE/	Muse
(YES, NO OR UNK		AED FORCES? 166 SOCIAL SEC WAR OR DATES) 216-07		ADDRESS RT MRS.Cox	1637 Edmondson
Candition gove rist couse ic underlying	DEATH WAS CAUSED IMMEDIATE s, if any, which to immediate stoting the g cause lost.	DUE TO, OR AS A CONSEQ	CEREBRAL ME	STAS19 SPELNOMB	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 MOS 12 MOS GIVEN IN PART 1(a)
2 IN DATES	OF OPERATION	196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED OF A SCENDING COLL		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\bigcup \) NO \(\bigcup \)
9 5 OR CONTRIB	UTING CAUSE OF DEAT OTIFY MEDICAL EXAMINER) Y OCCURRED NOT WHILE AT WORK	LIGUID A MA MACHITAL	DAY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
saw ti above 22b SIGNA	TAN'S NAME ITYPE OR	or opening the deceased from 19. I wis the body after death.		death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the couses stated 22c. DATE SIGNED
23a. BURIAL, CRE (SPECIFY)	MATION, REMOVAL	236. DATE 230	NAME OF CEMETERY OR CREMATORY	23d. LOCATION THY OR TOWN!	COUNTY Md STATE
OM NAME	ECTOR ATTO A	ADDRESS 1701	250 DA	TE REC'D. BY REGISTRAR HAREO D 4 1979	TRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2e DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) XFINACONIAN FREIDA BOROWSKI September 2, 1979 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS Aug. 8 PAY MONTHS DAYS HOURS 1905 White 74 Female BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED North Carolina U.S.A. Baltimore City. DIVORCED [WIDOWED TO 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Church Hospital Corporation Switchboard Oper. -Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 3223 E. Baltimore Street Md. YES DO NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Waverly Allen Ollie Brock 17 INFORMANT 2813 Edisoppress Highway -Balto. 166 SOCIAL SECURITY NO. In WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) I I IF YES, GIVE WAR OR DATES) 218-14-0413 Mrs. Margaret R. Sherman -Md. 21213. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Myocardial Infarction Aortic DUE TO, OR AS A CONSEQUENCE OF (b) Runtured Abdominal AMENEYSM Canditions, gave rise to immediate cause ial, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Chronic Obstructive Pulmonary Disease 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram... __, that (I) (we) last ___, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) Idid I did n 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 100 N. Broadway J. Zimmerman M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL St. Stanislaus Cemetery -Baltimore, Md. Burial John 34. Moran, Dra ADDRESS 25a. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 20M intry McChrody 3000 E. Baltimore St. (VRA 15, 4) 7/78 BRUGOL, GALLERY

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26	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 9	2 1 7 4 3
0	(TYPE	CEASED NAME FIRST OR PRINT) Franklin	MIDOLE C.	Bowers. Jr.	28. DATE OF DEATH MON	15 79 10:10
(V)	1.58	Male	White	5 DATE OF BIRTH MONTH DAY YEAR 12 22 1918	4. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
of Street	M.	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR		BALTIMORE CITY OR C	OUNTY OF DEATH
the tribe to	В	altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI St. Agnes	Hospital	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO Foreman	
d 2 should be	M.	aryland	OTHER INSTRUCTION GIVENEL STEEL	DWN 134. INSIDE CITY LIMITS	502 Coventa	
ond comp oges I on redical last		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE WAR OR DATES) 218-09	CURITY NO. 17 INFORMANT	ADDRESS	Blaney
n signed by the attending They please remove carb to bursal, cremation, or a njury, or other traumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO		erminal disease or conditi	ON GIVEN IN PART 1(a)
A box been at permat prior pri	CERTIFICATION	196 DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO	NO IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON After this certification is used in the build fright. Health and Merkal High	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ATWORK AIWORK The certify that (1) (this hasping the deceased alive on the decease of the deceased alive on the decease of t	HOUR A.M. MONTH P.M. 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	DAY YEAR 19 21F LOCATION STREET	CITY OR TOWN	COUNTY STATE 19 1, that (I) (we) last and haur and from the causes stated
hood by the defective for the state of He MADORTANT, if them 21 is		abovi, (I) (we) (did) (did no	of) view the body after death. When the body after death. Region 1	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	G MEDICAL STAFF	ELS 24
MH-16 20M \ 15, 4} 7/78	24 FU	SURIAL CREMATION, REMOVAL SPECIFY) Burial JUNERAL DIRECTOR NAME bbard Funeral H		eadowridge Mem. Pk 21229 256.07 Wilkens Ave.	Elkridge I	Howard Maryland



	i. Page 4 mai.	director Inn. Haurs of de	l e
10717 ON 1071	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director and should be detached for use as the burial-transit permit. Then please remove corban papers, Pages 1 and 2 should be filled within 72 haurs of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked at Item 18 shaws ony injury, at other troumotic event, the medical examine (must be marified at once.
DIVISION OF VITAL ACCOUNT, 201 W. FRESTON ST., BALLIMOKE, MANITAND 21201	tificote be executed with	physicion and complete inpopers. Pages 1 and 2 imavol.	vent, the medical examin
S, 201 W. FRESTON S	vires that the death cer	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carbanpaper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval.	ury, ar other troumotic e
	YSICIAN: The law requiring physician.	s certificate has been si burial-transit permit. The Mental Hygiene prior ta	r Item 18 shaws ony inju
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the haspital or ottending physician.	DIRECTOR: After this toched for use as the became the best. of Health and A	If Item 21 is marked a
	TO HOSPITAL	TO FUNERAL shauld be det	IMPORTANT

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				4214111	TOTAL OF PEATER	RE	G. NO.					
1. DECEASED NAME	FIRST		MIDDLE	100 m	LAST	2a. DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR			
(*** Z OKYKIYY)	MARY		J.		BOWERSOX		SEPT.	23,1979		М		
3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI			
FEMALE		WHIT	TE .	JUNE	11, 1905 YEAR	7	4 YRS	MONTHS DAYS	HOURS MI	٧.		
70. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	4			
ILLINOIS		USA	1	WIDOWE		BALTIMO	RE CIT	Y	7.5	MD.		
10. CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
BALTIMO		104 E.	MELROSE	AVE.		RESTAURA						
USUAL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDR	ESS		(100)			
MD.			BALTIMOR	E	YES NO	104 E.	MELROS	E AVE.		Ä.		
14. FATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN N	NAME MIDE	DLE	LA LA	ST			
FRANK	Latin 1		MACE		CORA			SUMMER	S			
160. WAS DECEASED E (YES, NO OR UNKNOWN		WED FORCES? WAR OR DATES)	16b SOCIAL SECU		17. INFORMANT	A	DDRESS					
NO			213-36-8	274	GERALD O, B	OWERSOX 10	4 E. M					
18 CAUSE OF D	EATH (Enter onl H WAS CAUSE	y one cause per	line for (a), (b), and					BETWEEN	ONSET AND DEAT	(H		
PARI C DEAL		E CAUSE (a)	MYOCAP	291AL	INFARCT	ION		24	HUUR	5_		
1777		DUF TO O	R AS A CONSEQUE	NCE OF				The state	10.00			
Conditions, if	ony, which	(b)_	CORDNA		OCCUSIO	N	H 1550. H	24	HOURS	,		
gove rise to cause (a), s		DUETO	R AS A CONSEQUE	NICE OF	6			9 200				
underlying co		(6)	CARCIN		OSIS (TITERI	NE ADENL	CA)	114	con			
	SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR	CONDITION (GIVEN IN PART 1	01	=		
19a. DATE OF OPI												
N 19a. DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FIND!				
E						YES NO		YES [NO [
210. ACCIDENT WAS		21b. TIME O	FINJURY M. MONTH DA	YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 1	8, PART 1 OR PART 2)				
OR CONTRIBUTING		P./		19			,					
(IF EITHER, NOTIFY N 21d. INJURY OCC		21e. PLACE (OF INJURY EET, FACTORY, OFFICE, F.	ADAL STC 1	21f. LOCATION	CITY	OR TOWN	COUNTY	STATE			
	T WORK	(A) NOME, SIN	ELI, FACTORI, OFFICE, F.	ARM, ETC.)	- AHAC	0-1			Carros			
22a.1 certify tha	t (1) (this hospit		e deceased from_	PT.	DI- CHA2	, to	م) د در د	. 19	that (I) (we) l	ost		
saw the dec	eased plive on	9/2-		7 9 , or	nd that in (my) (arr) opinio	n death occurred on t	he date and h	our and from the	couses stated			
22b. SIGNATURE		0 N			DEGREE			22c. DAJE	SIGNED			
nty	roll 1	Son	unrella	· VI	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN	9/2	4/79			
22d PHYSICIAN	S NAME (TYPE OR	PRINT)		1	22e. ADDRESS			1		_		
DON	ACD 6	- Son	MERULLO	5, MD	26 W.1	A AVE	Tows	son, MD	21201	-1		
230. BURIAL, CREMATION	ON, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	_		
BURIAL		SEPT. 26	5.79 W	OODLA	WN CEM.	WOODLAW		ALTIMORE	12 222			
24 FUNERAL DIRECTO	R .		ADDRESS			ATE RECO. NOREGIST						
MITCHELL-	WIEDEFEI	LD HOME	6500 YOR	K RD.					/			

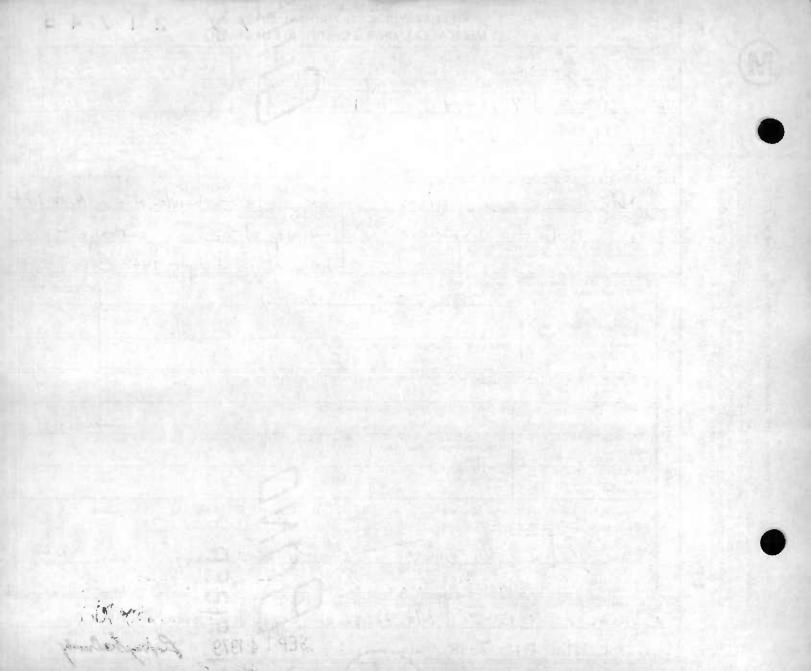
DHMH - 16 50M 7/77 (VR A 15 (4))

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1	1	FOR			DEPARTMENT C	F HEALTI	H AND MENTAL	HYGIENEG	2	1 /	4)
1	11-	STATE		MI	EDICAL EXAM	NER'S	CERTIFICATE	OF DEATH	REG. N		4 - 9	
0	1.00	REGISTRAR	E FIRST		MIDDLE		TAST		TE KNOWN		DAY YEAR	In HOUD
(BA)		CEASED NAM	16 1 1631		MIDDLE		CASI		ESII.		DAT TEAR	26 HOUR
MARY WELL	1		Maur	ice			Bowie	DE.	ATH MATED	9	8 1979	M
REESE	3. SE	1.	4 RACE	5 DATE OF BIRTH	6 AGE (P	YEARS IF UI	NDER 1 YR. IF UND	ER 24 HRS. 2c. [ATE	MONTH	DAY YEAR	7:03A
三	1.5			MONTH DAY	YEAR LAST BIR	- Mon	THS DAYS HOURS	MIN PRON	OUNCED		d ====	7:03A
5000		ale	Black	7-23-		YRS.				9	8 1979	M
2000年11日	7a. B	IRTHPLACE (S	STATE OR	76. CITIZEN OF V	VHAT COUNTRY?	8. MARR	RIED NEVER MAR	RRIED P BA	TIMORE CITY	DR COUNTY	OFDEATH	
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257.03	ID. C	ITY OR TOWN	OF DEATH	II. NAME OF HO	SPITAL NURSING HO	ME, OR OTH	HER INSTITUTION		CCUPATION (TY		ZE KIND OF BU	JSINESS
A STREET	7			(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRE	SS)		FOR MOST OF	WORKING LIFE)		OR INDUST	RY
	Ba	altimor	e City /	Maryla	nd General	Hospi	ltal					
80 ± 0 =			(IF IN NURSING HOME C		GIVE RESIDENCE BEFORE ADM		1134 INSIDE CITY LIMITS	13e STREET AL	DDECC 4			
RETANNY AND RECOUR	130	STATE 114	BUCCON	11	BALTO		YES NO [Decile	AVA	Apt	.14F
2120 E. AND S. RET SHOUL	14.5	MA			Teg-pho 10 /		15. MOTHER'S MAI		179	1110.	/11/	
O I . NY	14. F	ATHER'S NAM FIRST		MIDDLE	LAST		FIRST	IDEN NAME	MIDDLE	-	LAST	
OSES 1			Tobe	2	DOWIE		Jaca	ueline		-BC	yer	
2 ~ 4 4			DEVER IN U.S. AR		16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	S		
AFTE PER SECOND		ES, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)			Tanana	line B	AURT 14	443 (DAREN	ST
BALTIMORE, URS AFTER DE 3. GIVE PAGE PAGES 1 AN DIVISION OR							Hacque	line co	ouel 1	17-5	APPROXIMAT	T. INITERVAL
			EATH MAC CAUCE	2.01/	ne far (o), (b), and (c).)				1511		BETWEEN ONSE	T AND DEATH
PRESTON ST., WITHIN 24 HOI CIL IN ITEM IB INER ALONG ANSIT PERMIT FAL HYGENE,		PARITO	IMMEDIA	TE CAUSE (6)	udden Infa	nt Dea	ath Syndro	me				
ON FEI SEI SEI SEI SEI SEI SEI SEI SEI SEI S	100	79	81		R AS A CONSEQUEN							
EST A IN VAIL VAIL		Conditio	ons, if any, which									
		gave r	ise to immediate	(b)								
W. D.		lying co) stating the under-	DUE TO, C	R AS A CONSEQUEN	CE OF					7.50	
301 W. CUTED V IN PEN I		-tyling co	OSE IOSI.	(c)								
		PART 2 OTHER S	SUBSTITUTION THANKS AND A STRUCTURE OF THE STRUCTURE OF T		H BUT NOT RELATED TO THE	FRMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (n)				
L RECORDS, 3 ULD BE EXEC "PENDING" "PENDING" SED AS A BUI HEAITH AND	2					Euminide atten	SE ON CONDITION ONEN IN	TART TIME				
RECORI UID BE E "PENDIN EF AED! ED AS A HEALTH	9											
NI RE IN PER IN	3	190. DATE O	FOPERATION	196. CONE	DITION FOR WHICH O	PERATION V	WAS PERFORMED?				20 AUTOPSY	?
DIVISION OF VITAL RECORDS, HIS CERTIFICATE SHOULD BE EXEWRITING THE WORDS "PENDING" VARDED TO THE CHIEF MEDICAL AGE 3 SHOULD BE USED AS A BA ATE DEPARTMENT OF HEALTH AN ZOT PRIOR TO BURIAL, CREMATION	MEDICAL CERTIFICATION										YES T	NO 🗆
WE BE	- 3	210. EXTERN	AL CAUSE WAS	21b. TIME	OF INJURY	21c. F	HOW INJURY OCCUR	RED LENTER NATURE	OF INJURY IN ITEM 18	3 PART 1 OR PART	(2)	
CAI TE VILLE OF BEING	2 2	UNDERLYIN	G OR		M. MONTH DAY Y	EAR						
ON THEIC TO HOUND ARE TO ARE TO THE T	2 2		ING CAUSE OF		M. 19							
S CERTIFICATE STRING THE W ROED TO THE RE 3 SHOULD E DEPARTMENT PRIOR TO BU	0	21d. INJURY	OCCURRED		E OF INJURY (AT HOME	21f. LC	OCATION STREET	CITY	OR TOWN	COUN	UTV	STATE
PIN OR IS OF SECOND SEC	2	WHILE AT WORK	NOT WHILE [3	CIONI, FARM, EIC.		SINEET		OK 10 1114	0001		011112
DI. E. THIS CREENING SEWALT		AT WORK	ATWORK						,			
№ ⊢ О 6 1	1	22a. I cert	tify that I took charg	ge of the remains d	lescribed obove, held a	n Auto	psy X, Inspec	tion . Inc	uiry L, o	ind in my opii	nion	
L EXAMINE E CERTIFICA OULD BE FO I DIRECTOR H, WITH THE MARYLAND,	100	death resul	ted from INatu	ral couses (A)	Accident .	Suicide	, Homicide	. Undetermine	ed monner	,		
REC BI	400	177	/ /	1//	111		TITLE (SPECIFY)					
EXAA CERT UILD DIREC WITH		ACTUAL	(/ 1.	. 1	Shu X		M.Deputy C			DATE	9/8/	170
	-	#SIGNATURE	-/4	8400	SAMMY)	/	W Drebach C	TITE WEDICAL I	XAMINER	SIGNED	9/0/	19
	7	EVALUE DE	ALLE PRO						a. 5.			
		EXAMINER'S (TYPE OR PR	INT Thor	nas D. Sn	mith, M.D.	Love to	ADDRESS	11 Penn	St. Ba.	1to.,	MIN	
TO ME EXECU PAGE TO FU BAFTER BAFTER	730	-	ATION REMOVAL	73h. DATE	123¢ NAME OF	CEMETERY	OR CREMATORY	23d. LOCATI	ON			
In - 3	200.	(SPECIFY)			1 11	1.1	0	CITY OR TOY	(N_	COUNT	1.6	TATE
110 5 BP		DURI		9-13-7	9 Mt.	Nub	URN CEY		SALTO	CICTRADIC CI	CALATURE	
DHMH - 17	24.	FUNERAL DIRE	CIOR	ADDR	55		CED	TE REC'D. BY REG	SIRAK ZOB ZEC	JISTRAK SAN	A. A.	
(VR A15 ME (5)) 15M 7/76	We	RUON	Daileu	F. H. 13	348 (ALH	oun.	JT. PLP	1 4 19/9	July 1	7-470	A STATE OF THE PARTY OF THE PAR	
13M 7/10	4		-									



200	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	reg. N	217	47
0.0	1. DE	CEASED NAME WILL E OR PRINT) Williams	iam d	lexander	Boyd	AST E	20 DATE OF DEATH		EAR 26 HOUR
rector, po prs ofter d	3. SE		4 RACE	hite	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
un 72 hay	C	IRTHPLACE STATE OR FOREIGN OUNTRY) Va.	USA		WIDOWE			more City	
filled with		Baltimore	(IF NOT IN SU Ba	ch facility, give street	City F	or other institution Iospital	Order Pu	DE WORKING LIFE) 12b. K Ller 01	IND OF BUSINESS OR ISTRY Brien Pain
ad pluod be		V -	rother institution NTY Liore	N, GIVE RESIDENCE BEFOR 13c CITY OR TOV Essex	re admission) VN		13e STREET ADDRESS 54 Rume]	lia Circle	21221
ompletely ond 2 s			oyce	LAST		15 MOTHER'S MAIDEN NAME OF NOVE 11	.a. MIDDLE		LAST
s. Poges	160 \	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) YES GIVE NO	MED FORCES?	215 30		Dora B. Boyo	e, Wife	Same	IPPROXIMATE INTERVAL WEEN ONSET AND DEATH
n signed by the ottending pt Then please remove corbonp 10 burial, cremation, or remo injury, or other troumatic even	NO	PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, C	Acute DRASA CONSEQU	And ENCE OF		Arresi LMI Dissac INAL DISEASE OR CON	gate's a	ART I (o
te hos beer nsit permit giène prior shows ony i	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED AUSES OF DEATH?
os the buriol-transi h and Mental Hygi orked ar Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) AT WORK NOT WHILE AT WORK	HOUR A	OF INJURY .M. MONTH D .M. OF INJURY TREET, FACTORY, OFFICE,	19	216 HOW INJURY OCCURR	CITY OR TOV		
TO FUNERAL DIRECTOR: Af should be detoched for use o with the Stote Dept of Heolt IMAPORTANT: If hem 21 is mo		220-I certify that (1) (this hospi saw the deceased alive on above, (1) (wel (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	t) view the body	1/ 19		d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [27e. ADDRESS] TSalto	MEDICAL STAL	27e.	, that (I) (we) lost m the couses stated DATE SIGNED
TO FUN should b with the	Et	BURIAL, CREMATION, REMOVAL	9/14	/79 PH	olly I	EMETERY OR CREMATORY Hill Memorial	Gardens I	Baltimore	Co., Mare
1 - 16 60M 1/75 R A 15 (4))		INEVALORECTOR	Ment	DA TUOR	Ola F		REC'D. BY REGISTRAR	25b. REGISTRARS SIG	Kelrendy

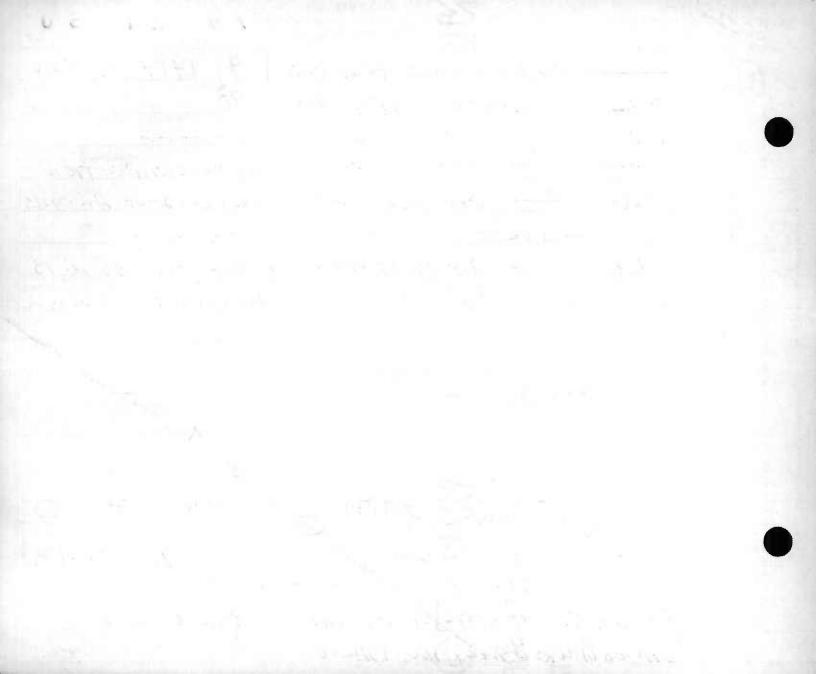
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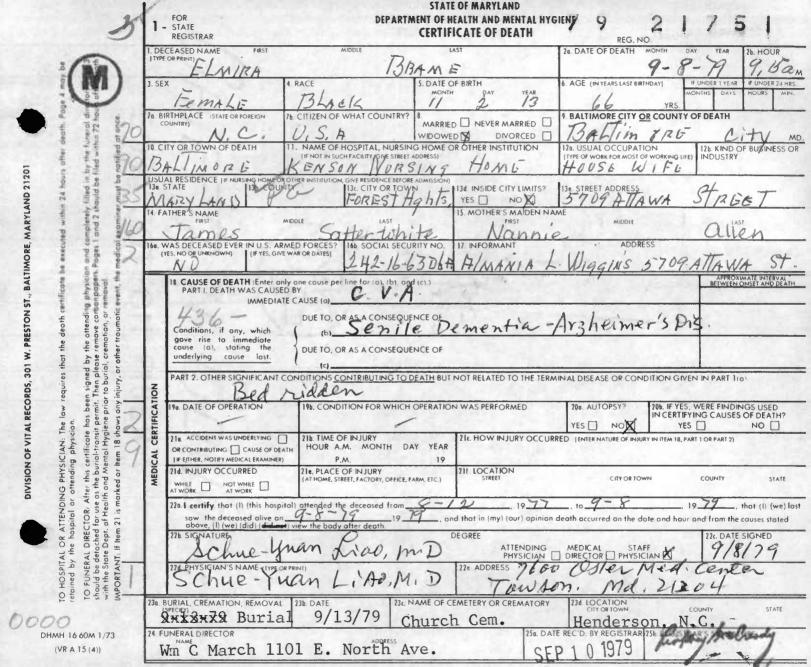
			or Item	- 75	Ro E	1 + 7 m	0536		S'	ATE O	MARYLA	AND	111/0151						
		- S	STATE TO	-3-7		S			LEXAM			ICATE	OF DE	ATH	REG.	2	1	4	8
			EASED NAME		FIRST			WIDDLE			LAST			2a. DATE	KNOWN		VTH DAY	Y YEAR	26. HOUR
6	w 21 12 00 L	(TYPE	OR PRINT)		Dean	dra	/1	DoM:	nds)		Boy	d		OF	ESTI- MATED	9	5	19 79	
4 14	PECTON RECTON R FILES HOUR STREET	3 SEX		4 RACE		S. DATE O	OF BIRTH		& AGE (I		UNDER 1 YR		ER 24 HRS.	ŽC. DATE	E	MON	_		24 HOUR 6;56
GAR	Z 2 2 2 Z Z	Ma1	e	Bla	ıck	MONTH.	28 28	9 79	Crioi Din		4 DAYS	HOURS	MIN	PRONOU! DEAL		9	5	1979	6:56 A M
	CESSARY, NERAL DIR FOR YOU VITHIN 72 PRESTON		THPLACE IST	ATE OR		7b. CITIZ	EN OF W			0	RRIED D	JEV/ER AA A	PRIED X	9. BALTIA	AORE CITY	Y OR CO	UNTY OF	DEATH	
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	THE STATE AND		Y OR TOWN		H	11. NAM	E OF HOS	SPITAL, N	NURSING HO	ME, OR C	THER INSTIT	NOITUT		UAL OCCU		TYPE OF WO	ORK 12b	CIND OF BUOK	USINESS TRY
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WD.	I . NY		THER'S NAME			MIDDLE			LAST		15. MOT	HER'S MAI	IDEN NAM	Ε ,	MIDDLE			LAST	
	W W - 4 11		RESTO		1116 484	J.	2500	1,41 6	BOYD OCIAL SECU	DITY NO	M 17 INFO	INNI	E		ADDRE	S C	J	ACKS	ON
ALTIMORE	S S S S S S S S S S S S S S S S S S S	(YE	AS DECEASED	MM)	(IF YES, GIVE			186. 50		KIIT NO.						- 1/2	946		
BALT	URS AFT WITH F WITH F PAGES DIVISION		N/A						N/A			nie				me /		bove	
ST., B			18. CAUSE O PART I DE	ATH WA	S CAUSED	ly ane cau DBY:	se per line	e tar (a),	(b), and (c).)	Acut	ath-Sy	acho-	nneur	monia			BE	TWEEN ONS	ET AND DEATH
NO	PER SER	1	1196	2000	IMMEDIAT	E CAUSE	(0)		ONSEQUEN		ach by	rialoi	ii C		175.00				
PRESTON	THIN LIN VSIT VSIT OVAL				y, which	1													
W. P.	UTED WITHIN N PENCIL IN EXAMINER A STATE TRANSIT MENTAL HYOR REMOVA				mmediate the <u>under</u> -	-	(b) JE TO, OF	RASACO	ONSEQUEN	CE OF									
301			lying cau	se last.			(c)												
	A B B A		PART 2 OTHER SI	GNIFICANT	CONDITIONS			BUT NOT R	ELATEO TO THE	ERMINAL OIS	EASE OR CONOIT	TION GIVEN IN	PART 1 a	-					
RECORDS,	HOULD BE EXI	CERTIFICATION			10-						. 776				-				
AL RE		CAT	19a. DATE OF	OPERAT	ION	19	b. COND	ITION FO	OR WHICH O	PERATION	WAS PERFO	ORMED?					20	AUTOPSY	
OF VITA	WORD "WORD "THE CHIELD BE USE KENT OF H	RTIF	21a EXTERNA	I CALICI	E VA/ A C	21	b. TIME O	E INTUIN	4	121	HOWINI	DV OCCUP	DCD -FAIRE	ALL TURE OF I		18.0407.1	20.0407.01	YES 🔀	NO 🗆
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DIVISION	ERTIFIC ING TH ED TO 3 SHOU SIOR TO	MEDICAL	CONTRIBUTION CONTR	CCURR	FD		P.A		RY JATHOM	21f.	LOCATION								
DIVI		ME	WHILE AT WORK	NOT	VHILE [STREET, FAC				STREET			CITY OR TO	NWC		COUNTY		STATE
	PA STA										tonsy X		. 🗇						
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		30	death result	ea tram:	Natur	7 Delures		Accide	ш,	Suicide		(SPECIFY)		rermmed ii	iditile!	٠,			
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	SHI SHI SHI SHI SHI SHI			-	11	100	-	Car										-	775-0
	SE 4 PEN		(TYPE OR PRI	NAME NT)	Horr	nez R	Gu.	ard,	M.D.		ADDRESS	5		11:	1 Pen	n St	reet		
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BY TO FUNEAT DIREC AFTER DEATH, WITH BATTIMORE, MARYLA	15	JRIAL, CREMA		MOVAL 2		0 /5				Y OR CREMA		23d. L	OCATION ANNE	* *DII	ים כוואו	COUNTY		Mb.
5/3	BP		Buria			9/1	0/7	9	CEDA	K HI	LL CE		TE DECID I	ANNE		400000			TID.
	DHMH - 17 (VR A15 ME (5))		NERAL DIREC		7.	D /**	ADDRES	5 .	3 17-	n 4 h	7				-	JISTKA	1 Ac	Crede	,
	15M 7/76	W	m. C.	Mai	rcn.	F/H	TT.	OT I	E. No	L'U	Ave.	SE	711	1979		-			

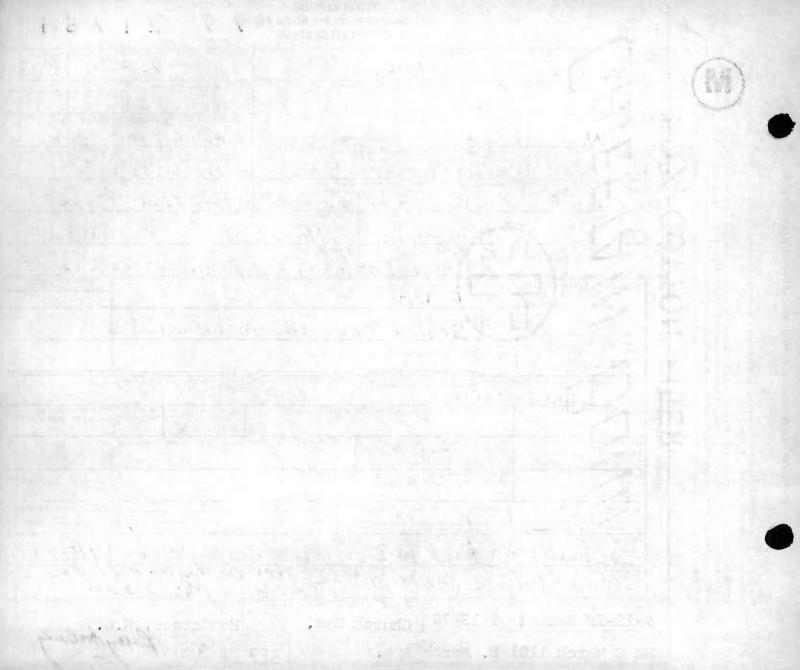
A CTOP OF THE REAL PROPERTY.

	10			STATE OF MARYL				6 6
1	i	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF		Pre 9	2 1 7	4 9
		CEASED NAME FIRST	AH C.	BOYN			MONTH DAY YEAR 9 4 79	26 HOUR 9.12 DM
VI)	3 51		1 RACE BLACK	5. DATE OF BIRTH MONTH DAY	YEAR 2	AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE MONTHS DAY	
eral direction of the state of	70 E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED HEVER	MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
by the funded of within	10.0	Batta.	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INS	TITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	ION 12b, KINI	OF BUSINESS OR
filled in k	USL 130	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	OKE ALMISSIUM)	NO P	Se STREET ADDRESS	hostnut	LSt.
and 2 sh	14_F	Phillips 1	MIDDLE LAST	J 15 MOTHER	S MAIDEN NAM		The	LAST M ASON
Pages 1			RMED FORCES? 16b SOCIAL SE VE WAR OR DATES) 1. TT 215-16	CURITY NO. 17. INFORMA	nleen	Boyd	268 Che	estaut St
physicio npopers maval. vent, the		PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), ED BY ATE CAUSE (a) CAR 1/2	,	X ARK	2657	APPR BFT WE	POXIMATE INTERVAL EN ONSET AND DEATH
tending e carba an, ar re umotic e	1	410 - Conditions, if any, which	DUE TO, OR AS A CONSEC	LIENCE OF	RDIAL	WFARC.	7704	
by the at ise remov cremation		gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEC		NOM L	1/4/1/1/20	1 1 1/1	
Then pled to buriol njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED	D TO THE TERMIN	HAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
bermit ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, WERE FINING CAUS	
riol-tronsi ental Hygi Item 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER, NOTIFY MEDICAL EXAMINES			NJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2	?)
s the bur h and Me rked or II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	ON	CITY OR TOW	VN COUNTY	STATE
for use a af Health		sow the deceased alive o	n		19 71 Our opinion de	oth occurred on the do	19 79 ste and hour and from t	he couses stoted
AL DIREC detoched ate Dept. IT. If Hem		22b. SIGNATURA Paul	Echnan	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F . 91	TE SIGNED
TO FUNERAL should be determined with the State		22d. PHYSICIAN'S NAME (TYPE	RICHMAN	BALTO		tosp 4940	EASTERN AV	E, BALTOM
)	230.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	L 23b. DATE 23	NAME OF CEMETERY OR Baltimore C	em.	Baltimo	re, Md.	STATE
16 60M 1/75 A 15 (4))		INERAL DIRECTOR	H 1101 F.	North Ave	250. DATE	1 1 1979	25b. RESISTRAR'S SCH	Tredy

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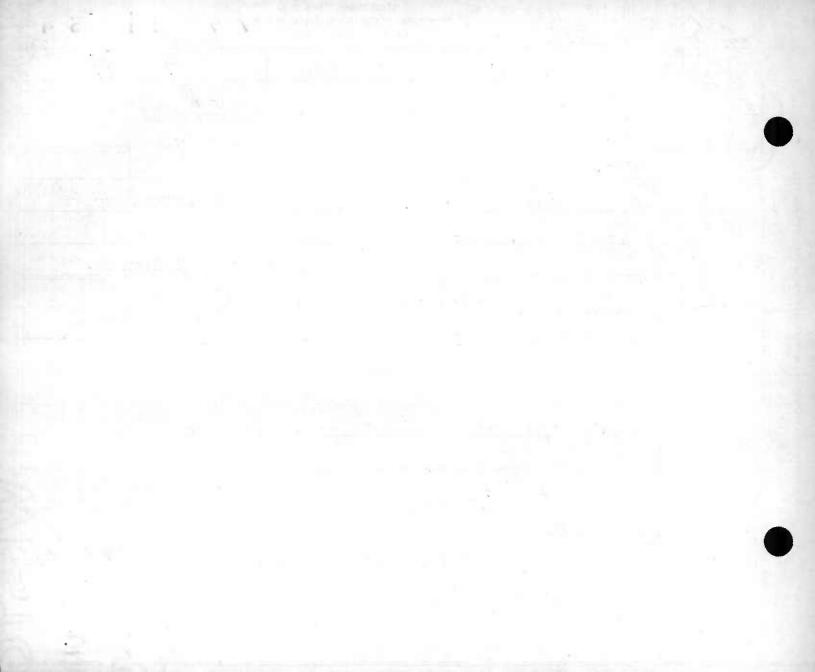






And a local of the Victor of the product of the second Free Property Control of the Control

Committee of the commit A ELECT L. P. LESTONAS S. LE ZMILINE or state of the st with the fight the sale of the Carrie Advantage of the Carrier Carrie



66 1 2 6 7 5 120 010 010 grant grant a file of the Park to the Control of the Part of Bearing Oak CHARLES CO. WITH A STATE OF THE SECOND TO we stored a trace of the sections a total and Contract Constitution (As of Marine Constitution) The state of the s

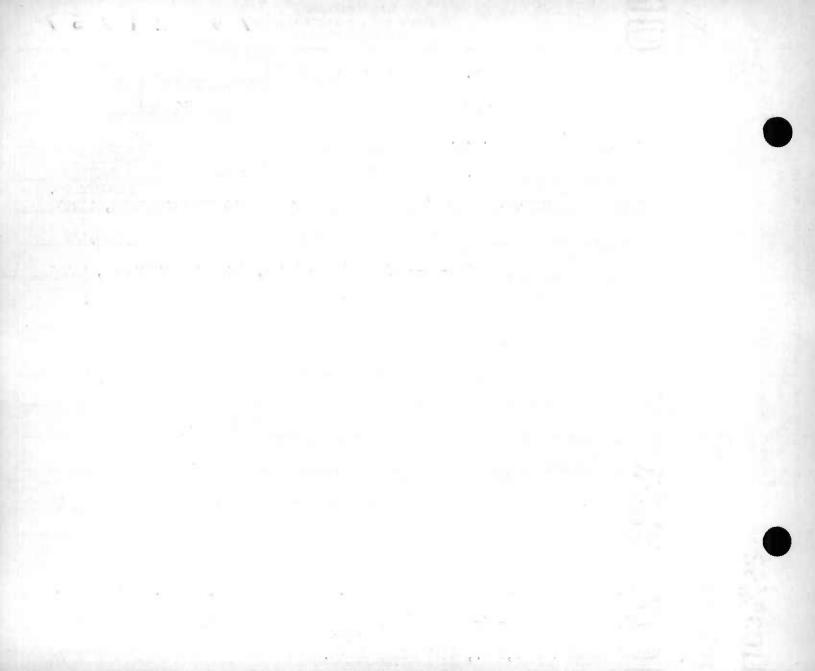
1				ST	TE OF MARYLAN	ID					
1-	FOR STATE				HEALTH AND ME		GIENE 9	21	1:	5	6
	REGISTRAR CEASED NAME	FIRST	WED	MIDDLE	VER'S CERTIFIC	LATEOF	20. DATE KNOWN		DAY .	YEAR	% HOU
	PE OR PRINTA	BOOKER	TH	IOMAS	BRIDGES	JR.	OF ESTI-	MEX MONTH	15	70	ZIS HOU
. SE	X 4 RAC	E 5	S. DATE OF BIRTH	YEAR LAST BIRTH		IF UNDER 24	HRS 21. DATE	HTMOM	DAY	YEAR	12:0
_			OCT 10	1934 44	rs.	HOURS	DEAD	9	15 19		a
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	ORTH CAROL			of A	WIDOWED [DIVORCED	Baltimo:			OF DUIS	MI
	TY OR TOWN OF DEA Baltimore	ATH	Providen	LUY, GIVE STREET ADDRESS T HOSPITA.	L (DOA)	TION	FOR MOST OF WORKING LIFE) CHAUFFEUR			DUSTRY	RANT
	AL RESIDENCE (# IN NU	136. COUNTY		13c. CITY OR TOWN	13d. INSIDE CI	TY LIMITS?	3e. STREET ADDRESS	200			
	ARYLAND			BALTIMOR		NO 🗆		AVENUE			
14. F	ATHER'S NAME		MIDDLE	LAST	FI	R'S MAIDEN	NAME		LAST		
60	BOOKER WAS DECEASED EVER		HOMAS ED FORCES?	BRIDGE 16b. SOCIAL SECUR		EALOR	ADDR	RESS	PIGO	ATT	1
	(ES, NO, OR UNKNOWN)	(IF YES, GIVE W									
	NO 18. CAUSE OF DEA	TH /E-t-s lu		213 32 9	45 MRS.	_JOSE	HINE A. BRI	IGES 22	APPRO	STAMIXC	NTERVAL
	PART I DEATH W	VAS CAUSED	BY:		nd of chest	. & abd	domen (unspe	cified)	BETWEEN	N ONSET	AND DEATH
	9154	IMMEDIATE	CHOSE (O)	S A CONSEQUENCE		- W 4 D C	Comer (disappe	722204)			
	Conditions, if	any, which	55210,000								
	gave rise to		(b)	S A CONSEQUENCE	OF				-		
	lying cause last		000 10,000	o A CONSEGUENCE	Oi						
	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING TO GEATH RE	IT NOT RELATED TO THE TE	MINAL DISEASE OR CONDITION	N GIVEN IN PART	1 (6)				
NO					MINAL DISEASE ON CONDITION	OTTEN IN TAKE	·				
ATI	19a. DATE OF OPER	ATION	19b. CONDITI	ON FOR WHICH OPE	RATION WAS PERFOR	MED?			20. AUT	OPSY?	
IFIC	100 N H 5								YES	K	NO 🗆
CERTIFICATION	210. EXTERNAL CAU	JSE WAS	21b. TIME OF	NJURY	21c. HOW INJURY	OCCURRED	LENTER NATURE OF INJURY IN ITE	M 18 PART I OR PA			
	UNDERLYING CONTRIBUTING	OR CAUSE OF DE		9-14- 197	9 Subject	shot.					
MEDICAL	21d. INJURY OCCUR	RRED	21e. PLACE O	FINJURY (AT HOME,	211. LOCATION		CIPU CA TOLLIN	-1-1	UNTY		57.77
×	AT WORK AT V	WHILE K	parl	RY, FARM, ETC.)	Druid Hil	Ll	Balto.	CO	TIMUT		Md.
			of the remains days	ribed abave, held an	Autopsy X	Inspection	, Inquiry	and in my as	ninian		
	ACTUAL TO SE					inspection	Undetermined manner	Januari my op	panion		
	death resulted from	Notora	al couses	Accident L.,	TITLE (S		onderennined manner L				
	ACTUAL SEGNATURE	IV	4	0		istant	MEDICAL EXAMINER	DATE	PD 9-1	5-79)
		1		Water St.				SIGNE			1
	EXAMINER'S NAME (TYPE OF PRINT)	Ann	n M. Dixo	1, M.D.	ADDRESS	111	Penn St.	34.35			
3 ₀ .	BURIAL, CREMATION, I	REMOVAL 231	b. DATE	23c. NAME OF C	METERY OR CREMATO	DRY	23d. LOCATION CITY OF TOWN	cou	NIY	STA	TE
	BURTAL.		9/21/79	ARBUTUS	MEMORIAL I	PARK	BALTIMORE		LTO.)	MI	
24.	UNERAL DIRECTOR		ADDOCCC				C'D. BY REGISTRAR 25b. I	RESISTRAR'S S	SIGNATUR	E	
1	LEWIS T. G	WYNN /	4517 PARK	HEIGHTS A	VENUE	CED '	2 0 1979	way 1	HACKE	- The same of	

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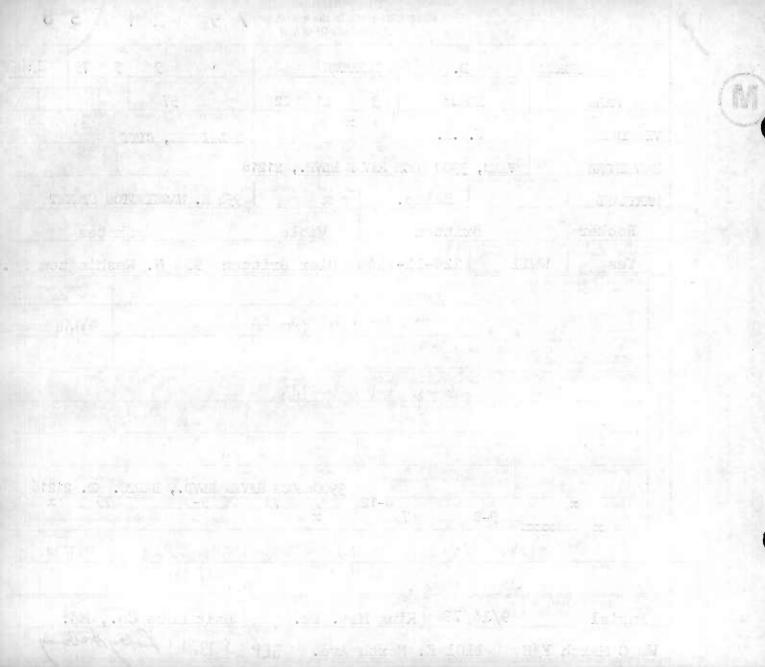
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/7B



2	.N	1.	FOR STATE		DEPART	MENT OF H	EALTH AND MENTAL	HYGIENE 9	2 1	15	8
0	K		REGISTRAR			CERTIF	CATE OF DEATH	REG. N	10.	لمريد	4400 E
			CEASED NAME FIRST OR PRINT)		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR 21	b. HOUR
2 4 5			ANDREW		B.	BRI	TTON		9 9	79	4:45
(0.0)		3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BI			F UNDER 24 HRS
			MALE		LACK	3	21 YEAR 22	9	7 YRS.	DAYS H	HOURS MIN
	800		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY (OF DEATH	
deat deat	605		RGINIA		S.A.	WIDOWE	D DIVORCED	□ BALTIMORE	CTTY		MD
1 11	100	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KIND OF E	BUSINESS OR
201 Py the	340		LTIMORE	VAMC,	3900 LOC	H RAVI	EN BLVD., 2	1218			
BALTIMORE, MARYLAND 212 cate be executed within 24 hau- ysician and campfetely filled in opers. Pages I and 2 should be	1	13a. S	AL RESIDENCE (IF NURSING HOW TATE 13b CO	E OR OTHER INSTITUTION DUNTY	13c. CITY OR TOW	/N 1	13d INSIDE CITY LIMITS	? 13e STREET ADDRESS			'S IS IN
LAND 2 hin 24 dy filled should b	50		TRYLAND		Balto	•	YES 🔀 NO 🗌	954 N. WA		ON STREE	ET
RYLA within within detely d 2 sh	Se DO	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		LAST	
mak ample		L	Booker		ritton		Viola			tates	
AORE execu	medico	16a. V	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
TIM be e	E		Yes W	WII	229-12	-9146	Oler Br	itton 954	N. Wa	shingt	on St
T., BAL	t, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly ane cause per	line far (a), (b), an	d (c				APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
IST.,	even			DIATE CAUSE (D)	Cardia	c arri				730 m	MA
ON on or	atic		4286	DUE TO, O	R AS A CONSEQU	ENCE OF 1	CIL ()			000 0	100
dep dep ave	and a		Canditions, if any, which	(b)_	RAS A CONSEQUE	e muy	failure (chro	m		7 2000	1
the rem	er tr		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF	,				
that that d by	or othe		underlying couse lost.	(c)		100					
DS, 20	۵,	_	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVE	V IN PART 10	
or sien si	:=	O.	(virly	ons; c	ordurnigali	4 atru	A SALES AND A SECOND CO. AND A				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSICIAN: The faw requires that the death certificateding physician. After this certificate has been signed by the attending phose the Bound-Itania Permit in the places empowe control by the Anal Award Living Permit in the places empower control programs.	6 7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WASPERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDING ING CAUSES OF	S USED
AL AL	à d	RTIF						YES NO	YES		NO 🗌
VITAL AN: The hysician ficate hy fransit p	18 s	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBLING CAUSE OF			AY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAR	T 1 OR PART 2)	
SICIA ng pł certif ririal-t	<u>e</u>	MEDICAL	(IF EITHER, NOTIN MEDICAL EXAMI	VER) P.		19					
PHY endiin this le bu	ō	AED	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
NG NG ther as the state of the	marked	_	AT WORK NOT WHILE AT WORK				3900 LOCH	RAVEN BLVD.	BALTO	. MD. 2	1218
N A SA LOS	E s		220 I certify that XX (this ha			8-12		9 to 9-9	, 19	19, tho	at th (we) last
ATTE spirte CTO d for	n 21		sow the deceased alive abave, (we) (did) (did)	on 9-9	ofter death.	, on	d that in (na) (aur) apin	ion death accurred on the c	late and hour c	and fram the cou	ises stated
OR or house	# He	H	22b. SIGNATURE	James Me	hade.		EGREE			22c. DATE SIC	SNED
TAL y th y th KAL deto			/	Janua ()	IVCCO .		ATTENDING PHYSICIAN	MEDICAL STA	CIAN	9/9/	19
HOSPITAL ned by the FUNERAL	RIAI		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	(0.13)		22e. ADDRESS	O ILLAN	-		
TO HOSPITAL retained by the TO FUNERAL should be det	O V			James 1	Ushlah		Low	ICHUM VAN. IVI	٤.		
7011	≤ -	23a E	URIAL, CREMATION, REMOV		/		METERY OR CREMATO	RY 23d. LOCATION		OUNTY	STATE
109 BP			Burial	9/14	/79 K:	ing M	em. Pk.	Baltimo	ore Co	., Md.	
DHMH - 16 50M 1,	/76		INERAL DIRECTOR		ADDRESS		25a.	DATE REC'D. BY REGISTRAR			
(VR A 15 (4))		W	m C March F	/H 1:	101 E. 1	North	Ave. S	FP 1 1 1979	hosper	7/1-50	7

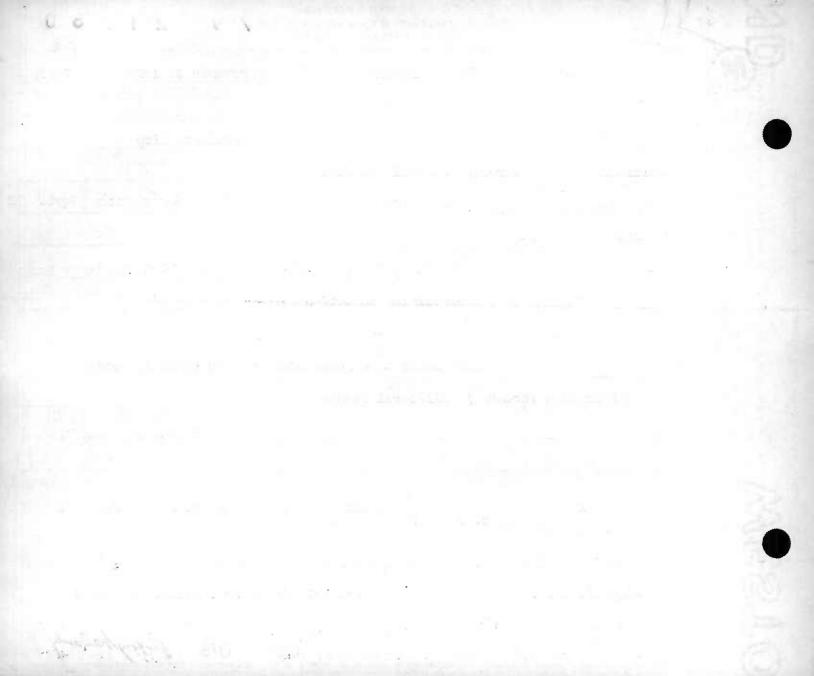


7	1			STAT	TE OF MARYLAND				
7 8		FOR STATE REGISTRAR		CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		17	5 9
6	1. DEC	EASED NAME FIRST	MIDOLE		LAST	28 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
		Jacob	, 5,	Br	ocato		9 18	79	3:46A
	3. SEX	Male	White		of Birth ch 21, 1908	6 AGE (IN YEARS LAST OR			HOURS MIN.
35	70. BII	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COU	MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	M
44		RALTEMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV UNION MEMO)	E STREET ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Meat Cutte	ION OF WORKING LIFE)	12b. KIND OF INDUSTRY Veterar	BUSINESS OF
4	USUA	L RESIDENCE IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION			21.	he per at	ום ווטסף
55		arvland		imore	YES NO □		iena Vi	sta Ave	nue
00			rocato	ST	IS MOTHER'S MAIDEN NA	elicia Gua	rdini	LAST	
1		AS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR			
1	n	0	579	07 9662	Mary Regina	Brocato	Sa	une	ATE INTERVAL
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	estedia ASEQUENCE OF	1 Intar	ction		3 6	w.
9	FICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION 196 CONDITION FOR			200 AUTOPSY?	20b. IF YES,	WERE FINDING	F DEATH?
9	ERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V		ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH? NO []
9	CAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	196 CONDITION FOR V	WHICH OPERATIO	21c HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	F DEATH?
9	3	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	196 CONDITION FOR V	WHICH OPERATION H DAY YEAR	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	F DEATH?
2 I is morked or fem to shows day injury,		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify thought (this hosp sow the deceased plive o obove, [1] (mar) (did1) (did4)	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	211 LOCATION 211 LOCATION STREET nd that in	200 AUTOPSY? YES NO CENTER NATURE OF INJU CITY OR TO	20b. IF YES, IN CERTIFY YES RY IN ITEM 10, PAR	WERE FINDING ING CAUSES OF COUNTY COUNTY The county of t	STATE state we lie by we look auses stoted
9		196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHEER, NOTHY MEDICAL EXAMINES 216. INJURY OCCURRED WHILE NOT WHILE AT WORK 226.1 certify that AT (this hosp	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, off view the body offer death	H DAY YEAR 19 OFFICE, FARM, ETC.)	211 LOCATION 211 LOCATION STREET 21 ATTENDING PHYSICIAN 22 ADDRESS	200 AUTOPSY? YES NO CENTER NATURE OF INJU CITY OR TO	20b. IF YES, IN CERTIFY YES RY IN ITEM 10, PAR	WERE FINDING ING CAUSES COUNTY	STATE STATE STATE STATE STATE
9	WEDICAL MEDICAL	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify those of dive or obove, (I) (wee) (did) (declared) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, witfoll) oftended the deceosed 1. Street, Factory, At your fire body ofter death.	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.) 19 23c, NAME OF C	211 LOCATION 211 LOCATION STREET 211 LOCATION A 19 2 and that (n-4-4-4) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOY CITY OR TOY deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC	ZOB. IF YES, IN CERTIFY YES RY IN ITEM 10. PAR	WERE FINDING ING CAUSES OF COUNTY COUNTY The county of t	STATE ST

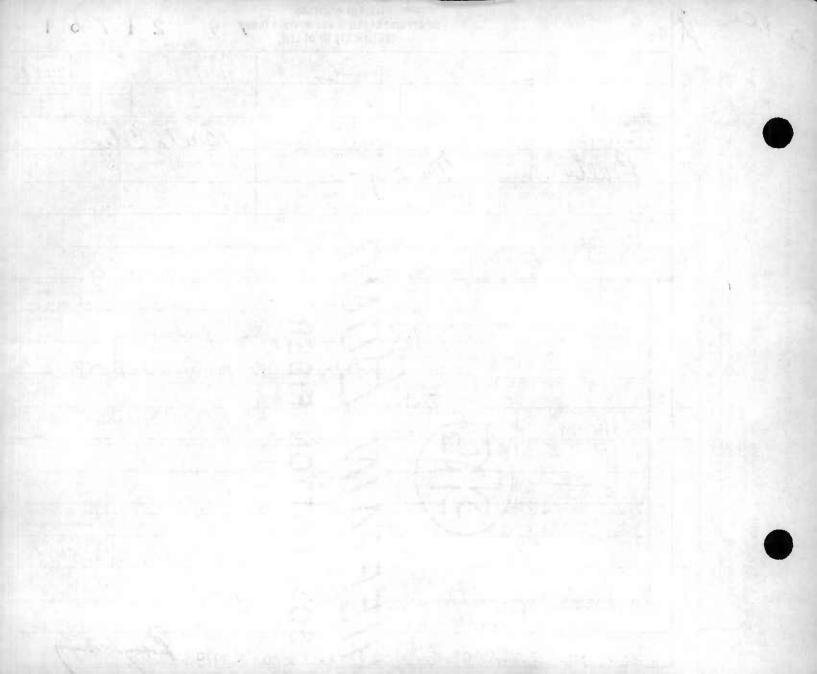
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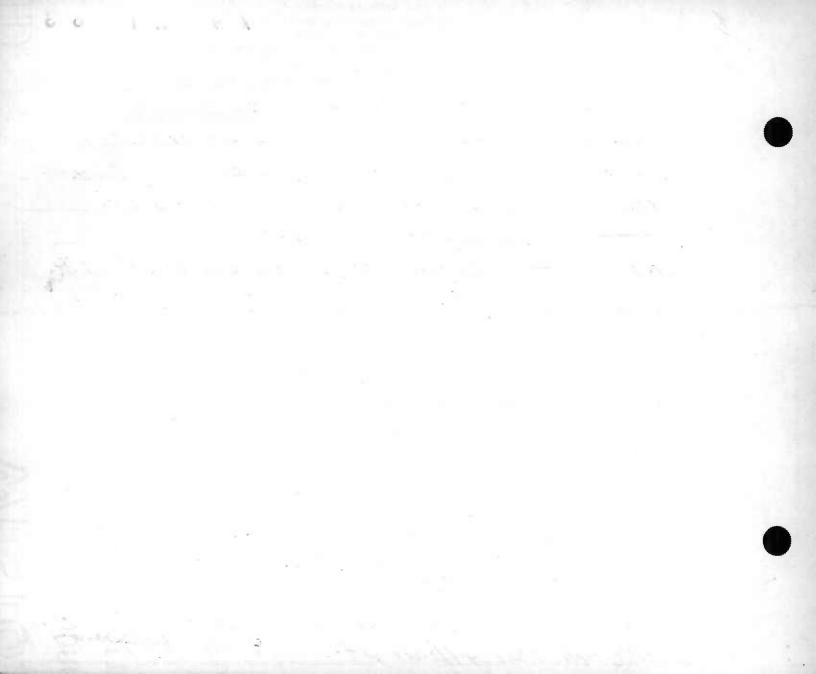
2	1.	FOR STATE REGISTRAR		ARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		6 0
M.		EASED NAME FIRST	MIÓDLE		AST	26. DATE OF DEATH		2b. HOUR
1		JAMES		BROOKS		SEPTEMBER .		7:03p M
1	3. SE)		4 RACE	5 DATE C	15 0°2	6 AGE (IN YEARS LAST BIR	THDAY F UNDER LY	
	_	TATE OR FOREIGN	Black In citizen of what coun		15 02		YRS	
35	N Co	daryland	USA	WIDOWE		Baltimore	<u>OR</u> COUNTY OF DEATH <i>e City</i>	MD.
18	В	altimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Maryland Ge	eneral Ho		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		D OF BUSINESS OR
35	130. S Ma	ryland		TOWN IMORE	131. INSIDE CITY LIMITS? YES MO		leys Lane	Apt. 20
300		THER'S NAME IMUEL	J. Br	ooks	Alice	ME	Gr	éen
	lás V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	ESS	
		To		7-5597	ELIZABETH	BARNES	5503 Bowl	eys Lane
	ATION		DUE TO, OR AS A CONS (c) Left L CONDITIONS CONTRIBUTING (treated), Bi Tib CONDITION FOR W	ower Lob TO DEATH BUT lateral	Stroke			T 1(0)
2	CERTIFICATION			MICH OFERATIO	WAS PERFORMED	YES NO.	IN CERTIFYING CAU	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
		sow the deceased plive a above, (K (we) (did) (KK)	pital) attended the deceased from Sept. 3,	19 <u>79</u> , or	rust 6, 19 79 Id that in 孫英 (our) apinion (to <u>Sept.</u> death accurred on the d	late and hour and from	
		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	OR PRINT)		ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	FF _	ATE SIGNED
1		Jing Liu, M.			c/o 827 Lind		lto. MD 21	201
	(5	URIAL, CREMATION, REMOVA PECIFY) Burial	9/7/79		T. MEM DE	23d. LOCATION CITY OR TOWN LAUREI		Md.
M 778		NERAL DIRECTOR Vm. C. March	F/H 1101 E		250 DAT	E REC'D. BY REGISTRAR		The state of



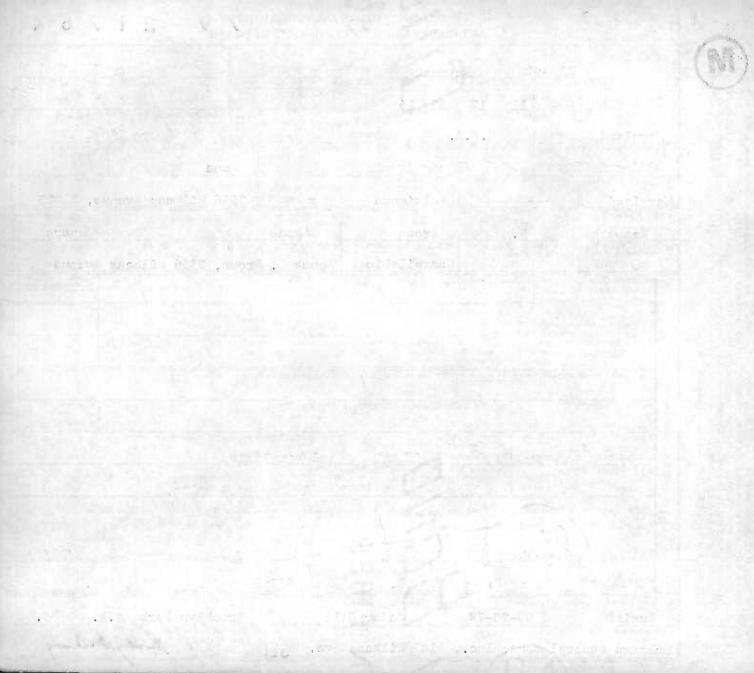
AC. N		STATE OF MARYLAND
xp.c. A	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN 9 2 / 6 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
1 20	(1111)	1)://re Brooles 9/2/79 2:25 Pm
2 / 2 2	3. SE	
1 (00)		MONTH DAY YEAR 12 03 01 78 YRS MONTHS DAYS HOURS MIN.
2 11		RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
# #F #83		Virginia USA WIDOWED DIVORCED J Balto City MD.
2 24 8		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR
10 # #p		(IF NOT IN SUCH FACILITY ASSESSIBLE ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) WOUSTRY
MARYLAND 2120 ed within at heper mpletely illed in by ond 2 should be till examiner more free	USU 13n	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS TATE 136. CITY OR TOWN 136. LITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS
2 2 EE 50		Md. Baltimore YES & NO 1815 St. Paul Street
rely 2 sh		ATHER'S NAME 15 MOTHER'S MAIDEN NAME
MARY mplete and 2		Carlos Brooks Emma
		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE, cote be executed to opers. Pages I wol.	(No 218-05-4594 Valerie Holly 7518 Lexham Ct.
ALTI of by bers.		NO 1 L18-05-4594 Valerie Holly 7518 Lexham Ct 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
Tr. 8.		PART I. DEATH WAS CAUSED BY:
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DIVISION OF VITAL RECORDS, ' NG PHYSICIAN: The low require oftending physician. Ther this certificate has been sign os the burial-fransit permit. Then the and Mental Hygiene prior to but orded or them 18 shows any injury	NO NO	Dove What
beer mit.	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
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ON OF VII	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19
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0 0 4 0 0 E		22a.1 certify that (1) (this haspital) attended the deceased from 9/1, 19, 29, to 9/12, 19, 19, that (1) (we) lost
ATTEN aspital ECTOR: d for us		saw the deceased alive on
조 수 중 점 승 후		226. SIGNATURE 226. DATE SIGNED
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X 9/2/71
HOSPITAL ned by the FUNERAL she Stote ORTANT:	1	22d. PHYSICIAN'S NAME (TYPE PRPRINT) 720. ADDRESS
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170 BP		SPECIFY) (CITY OR TOWN COUNTY STATE
DHMH - 16 50M 1/76	24. F	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 MREGISTRAR 25 IGNATURE
(VR A 15 (4))	W	m. C. March F.H./1101 E. North Ave.



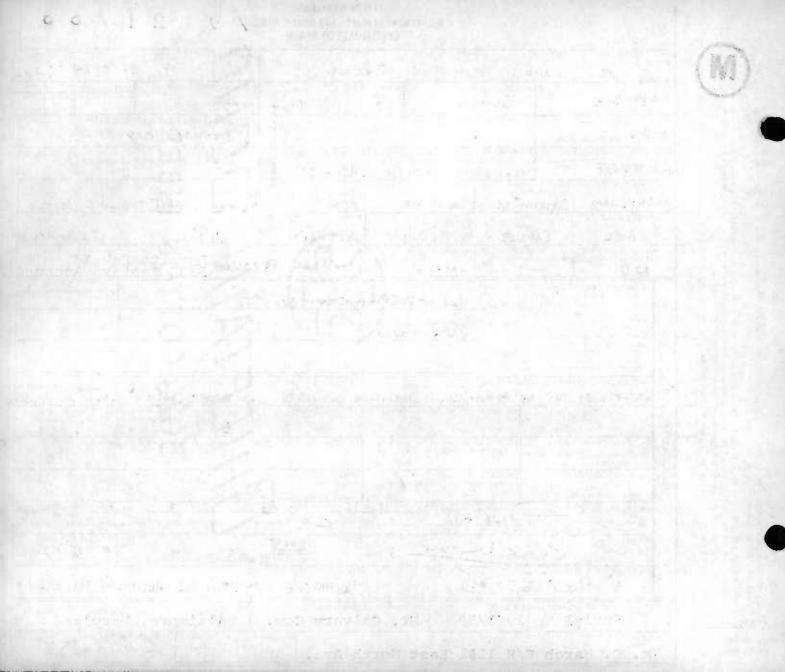
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REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Retired School Teacher 520 Oella Avenue LAST OHe 21228 Margaret Schymansky, 1408 N. Rolling Rd PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. 1F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Fllicott STATE COUNTY Burial St. Johns Cemetery Ellicott City_ 24 FUNERAL DIRECTOR 1630 Edmondson Avenues Catonsville, Md 250. DATE REC'D. BY REGISTRAR 154 HE STRAKS DHMH-16 20M Witzke Funeral Home of Catonsville, P.A. 21228 (VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

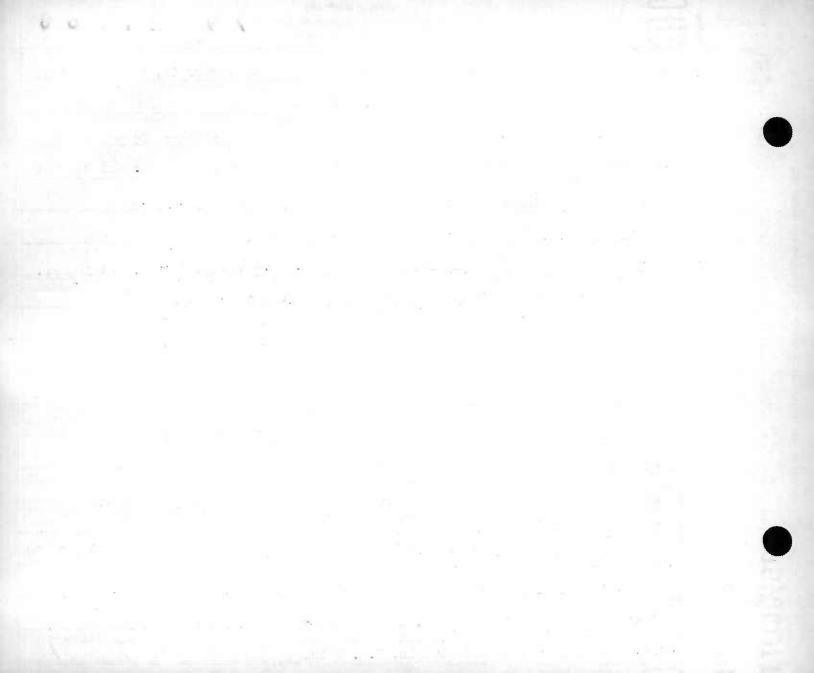
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1979

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IF UNDER 24 HRS



FOR

Beltimore County

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	edo
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6	1.	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL H ICATE OF DEATH	YGIENE	REG. N	2	1 .		/ 4
		CEASED NAME	FIRST	MIDDLE		L	AST			MONTH		EAR	2b. HOUR
	(IIII)	OKPRINI	Rita	D.		BF	ROWN	Se	ptember	12,	1979		12:001
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7,1	C	RTHPLACE (STAT		L CITIZEN OF WHAT	COUNTRY?	A APPIEC	NEVER MARRIED		TIMORE CITY	OR COUN	TY OF DEA	TH	
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5	1	TY OR TOWN O Baltimo		NAME OF HOSPIT	al, nursing	GHOME O	ROTHER INSTITUTION ROSpital		UAL OCCUPAT F WORK FOR MOST (12b. K INDU	IND OF	BUSINESSOI
25	0SU 130 S	TATE	F NURSING HOMEOR	OTHER INSTITUTION, GIVE RES IY 136. CI Rat	TY OR TOWN	N I	13d. INSIDE CITY LIMITS? LIYES \(\text{NO } \(\overline{\pi} \)	13,510	reet address 905 S t	Ran effr	dalls ney R	tow	m 211 l
30		THER'S NAME FIRST	eo Stap	pelli	LAST		IS MOTHER'S MAIDEN P	iber	ato			LAST	
2	lée V	AS DECEASED I	EVER IN U.S. ARA	NED FORCES? 166 SC WAR OR DATES) 212	00	5610	Ernest Br	own-	10905 Ránda	S t le:	ffney town,	Ro MD-	i -21133
		18 CAUSE OF E	DEATH (Enter only TH WAS CAUSED	one cause per line for (a), (b), and (c), (BÉI	APPROXIV	NATE INTERVAL NSET AND DEATH CAYS
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.			immediate stating the cause lost.	DUE TO, OR AS A CONSEQUENCE OF Metastatic carcinoma of breast DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.							years		
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		22b. SIGNATUR	5 Mal	ed min			ATTENDING PHYSICIAN	MEDI	ICAL STA	FF CIAN 🔀		9/1.	1GNED 2/79
1			I'S NAME ITYPE OR George M	alouf, M.D			270. ADDRESS C/O Ma.	rylan	d Genera	al Ho	spita	1	
	(SPECIFY)	ION, REMOVAL	236. DATE 1970	9 23c. N	AME OF CI	Redeement C	y 173d.	LOCATION				STATE
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7/7B	S	dhimun	ek Fune	ral Home	, 3331	Bre	hms La S L	P 1 (1979	hou	region.		7



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1		L DE	EASED NAME () FIRST ()	MIDDLE		AST	REG	NO. H MONTH DA	AY YEAR	2b. HOUR
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	170	7a. BI	RTHPLACE ISTATE OR FOREIGN N. C.	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	BALTIMORE CIT	I MORE		M
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npietely nd 2 shor	300	14 FA	THER'S NAME Anderson	MDDLE Yeates		IS MOTHER'S MAIDEN NA GEORGIA	ME	E	LAS	51
0 co	E 1	Ióa V	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECT	URITY NO.	17 INFORMANT	AC	DRESS		
100	£ /	- "	No No	239-16-	9487	Lonnie L.	Brown	605 Ra		AVE.
law requires that the been signed by the at Then please remove for to buriel, cremati	s any injury, or other	CERTIFICATION		DUE TO, OR AS A CONSEOU CONDITIONS CONTRIBUTING TO APILLARY ADENI 198 CONDITION FOR WHICH	DEATH BUT	CINOMA OF		NG-	N IN PART II	
e has lermit	Sho	IFIC/	196 DATE OF OPERATION	75 CONDITION FOR WAICE	OFERATIO	WAS PERI ORMED	YES NO	IN CERTIFY	ING CAUSES	
og physician. Ig physician. Ihis certificate I Irial-transit per Mental Hygien	or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18, PA	RT 1 OR PART 2)	
or attending ph or attending ph OR: After this c se as the burial-		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
hospital or DIRECTOR for use Dept. of Hes	If Item 21 is			oital) attended the deceased fram. 9/14 19 19 10 10 10 10 10 10 10 10		nd that in (my) (aur) opinion DEGREE MD ATTENDING PHYSICIAN	death occurred an the		and fram the	
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retained by the TO FUNERAL should be detaction with the State (with the State (MPORTANT: If Item		224 PHYSICIAN'S NAME (TYPE	GAUGHEY		220 ADDRESS OHNS EMETERY OR CREMATORY	JOPKINS	HOSPITI	AL	

33250. Bolto. x 605 Radnor Ave. . bH 239-16-9407 Lorente L. Brown 50ff Radmorr Ave. Cast - Cautal 9/18/79 Arbutum Neu. Pk. Arbutus, Md. Lug THE C. March F/H 1101 E. North Ave. 1551 1 1939 Arthurs

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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	-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	- 5	1	
		CEASED NAME FIRST OR PRINT)	WIDDLE	^	AST O A 1 .)	20. DATE OF DEATH	MONTH DAY		26 HOUR	-
ď		NILLIAM	RANDOLPH		ROWN	1 405	7 28	19	J. PN	
	3. SE	MALE	BLACK	S. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS	DAYS	HOURS MIN.	
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH		
	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWE		120. USUAL OCCUPATI	CAT TO	VINID OF	MD	<u>.</u>
3	B	alto City	So Gal To	TREET ADDRESS)	HOSP	(TYPE OF WORK FOR MOST O	F WORKING LIFET INT	USTRY	BUSINESSOR	
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0	14. FA	THER'S NAME FIRST XMAN	MIDDLE MI BASE	Pour)	15. MOTHER'S MAIDEN NAM CATHERU	NE NIM	1 C	AR	EY	
/		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) JEYES, GIVE Y) K DOWN	MED FORCES? 16b. SOCIAL SE WAR OR DATES) 218-2	2-8127	VELMA B	SROW N ADDRE	55 S A 1	$u\epsilon$	(wife)	
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSI	PIRA EQUENCE OF	TORY I	FAILUR INAL DISEASE OR CON	E	BETWEEN O	NATE INTERVAL NSET AND DEATH	
	TION	Co	K PL	1-1	IONALE		lan investigation			
7	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING (YES	CAUSES	OF DEATH?	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2)		Just 1
,	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	vn cou	УТИЦ	STATE	
			-11-20	19 7-7,01	nd that in (my) (our) opinion of	death occurred on the de		rom the c		
		22h SIGNATURE	MS.	1	ATTENDING PHYSICIAN	MEDICAL STAI	5 10	9-2	28-79	
	8	65. J. MARY	TNA OHA	RA	30815. A	IANOUE	RE	sal	to Mc	1
	15	Burial, CREMATION, REMOVAL Burial	23b. DATE 1072/79		Calvary Cem	Ann Ar	unael C	0.,	Md.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-tronsit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, it retained by the haspital TO HOSPITAL

OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 7/77 (VR A 15 (4))

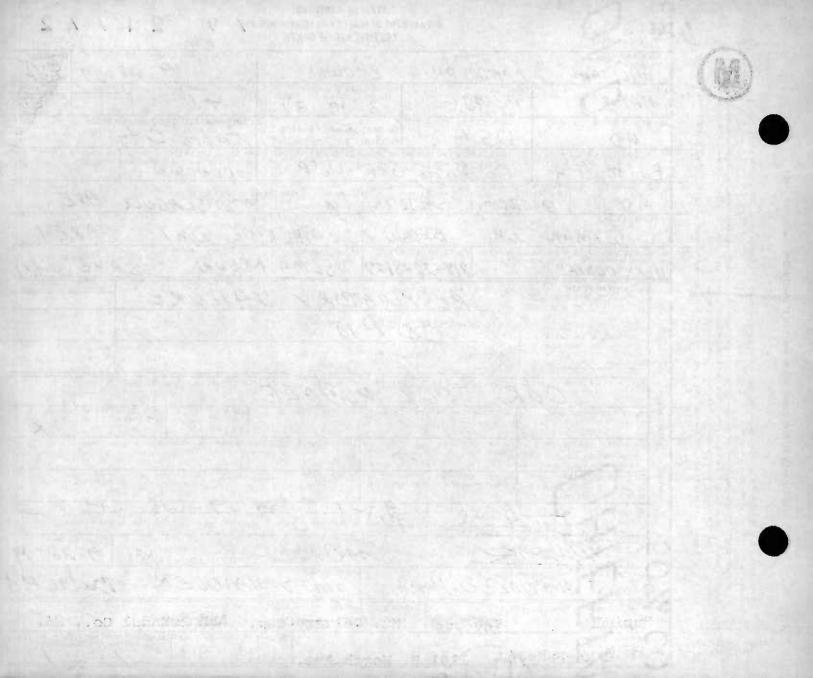
24. FUNERAL DIRECTOR C March F/H

10/2/79

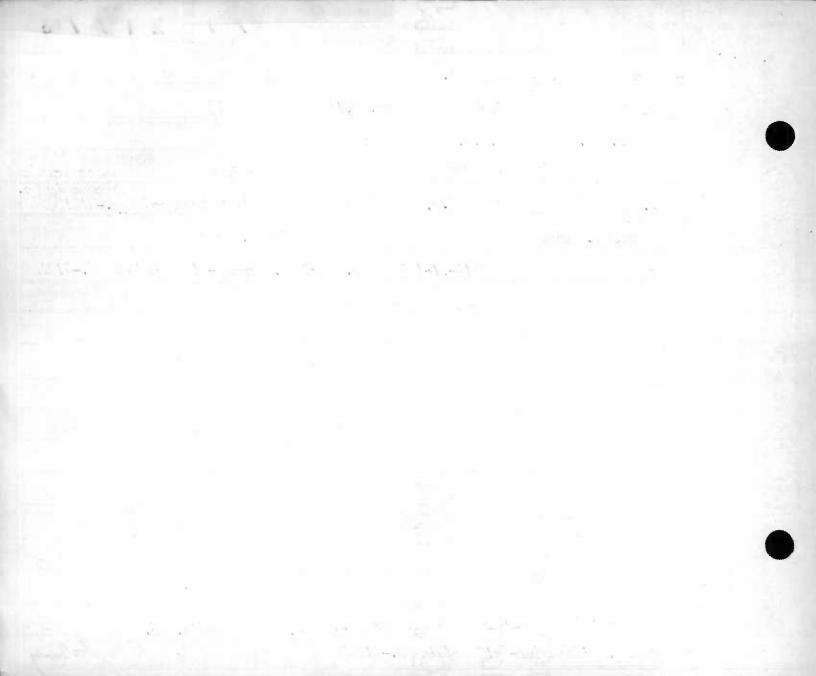
ADDRESS 1101 E North Ave

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SK NATURE 197

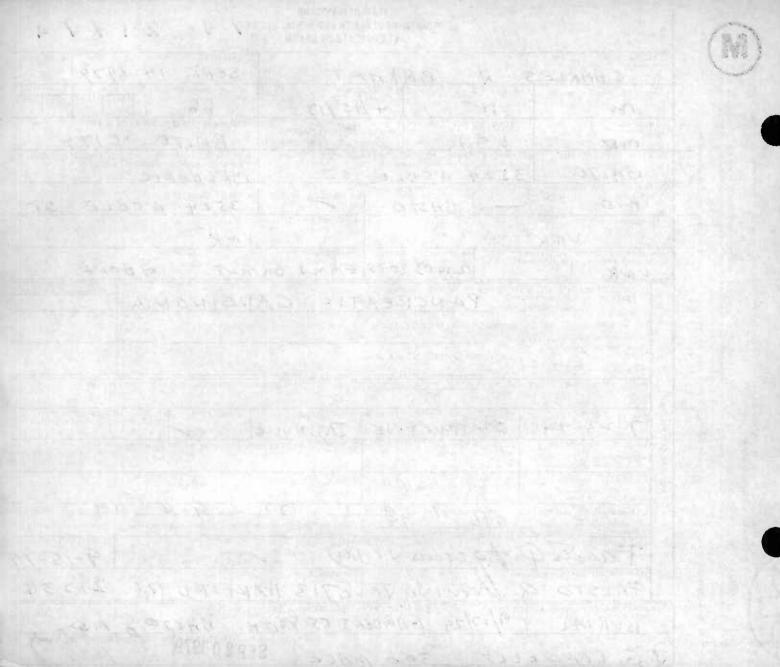
Md.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 1. DECEASED NAME 2a. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Sno 10hn 16 OCEDU A BRIME 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) Mar. 2, 1906 YEAR HOURS White YRS To BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto. WIDOWED DIVORCED | BALTIMORE ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION Ramsey Scar HYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS). BALTIMORE Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Batto. 134 INSIDE CITY LIMITS? 13. STREET ADDRESS Md. 720 Kernwood A YES & NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST LAST LAST Marian E. Horney Frank Brune 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATES) Mr. David A. Brune - 104 Enfield Rd. -21212 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Cerryth mig Conditions, if any, which gove rise to immediate (o), stating DUE TO, OR AS A CONSEQUENCE OF Left Bundle branch block underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ò CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive on_ and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body after death Dept 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL FUNERAL PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT 22. ADDRESS UNION MEMORIAL HOSPITAL 224 PHYSICIAN'S NAME (TYPE OF PRINT) should be 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23d. LOCATION COUNTY STATE Burial Vew Cathedral Cem 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Miller Inc-6415 Bertair Rd. -21205 **DHMH-16 20M** (VRA 15, 4) 7/78



				STATE OF MARYLAND		
1	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		174
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	3 36,		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	a c mor	NTHS DAYS HOURS MIN.
	7- 01	RTHPLACE (STATE OR FOREIGN	THE CITATES OF WHAT COUNTY	4/15/13	to to YRS	5054511
20		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	
	10.61	TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	6.2111	CITY MD.
0	10. C1	BALTE.	(IF NOT IN SUCH FACILITY, GIVE STREET.	Con Com	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
	USU/	L RESIDENCE (IF NURSING HOME C TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
351	.50	mp	INTY BALT		3524 NCB	BLE ST
	I4 FA	THER'S NAME		15 MOTHER'S MAIDEN NA	ME	
00		FIRST	MIDDLE LAST	FIRST	V' No K MIDDLE	LAST
, 1	6a. V	AS DECEASED EVER IN U.S. A		RITY NO. 17 INFORMANT	ADDRESS	
	()	ES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)	2075 EMMA BR	YANT AB	ovė
-			only one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY.	ZEATIC CA	MRCINOMA.	BETWEEN ONSET AND DEATH
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		Conditions, if any, which	, DUE TO, OR AS A CONSEQUE	NCE OF		
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		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
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	ATE	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED
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		OR CONTRIBUTING CAUSE OF DE				
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	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
1	ug	241	pital) attended the deceased from	4-1 1977	10 9-4 19	79, that (1) (we) lost
		sow the deceased alive of	n 9/6 19	79, and that in (my) (our) opinion	death accurred on the date and hour a	
		IZE SIGNATURE	ot) view the body after death.	DEGREE		22c. DATE SIGNED
		+ austo	P. Darrens	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	9-15-79
\dashv		224 PHYSICIAN'S NAME CTIPE	OK PRINT)	22° ADDRESS	DIRECTOR PHYSICIAN	1 13 1
		FAUSTO	Q. Mayins	TE 8713 H	ARFORD RA.	21234
-	23n P	URIAL, CREMATION, REMOVA	L 23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	- F
	(3	PECIFY) CRIAI	9/17/70 6	ARDENS ES SAIT	BALTE.	OUNTY STATE
1	24 FL	INERAL DIRECTOR	1 1 1 1 1 1 1 1		E REC'D. BY REGISTRAR 256. REGISTRA	ASSIGNATOR ASSIGNATION
	7	- NAME CONN	ADDRESS 26		SEP 2 0 19/9	
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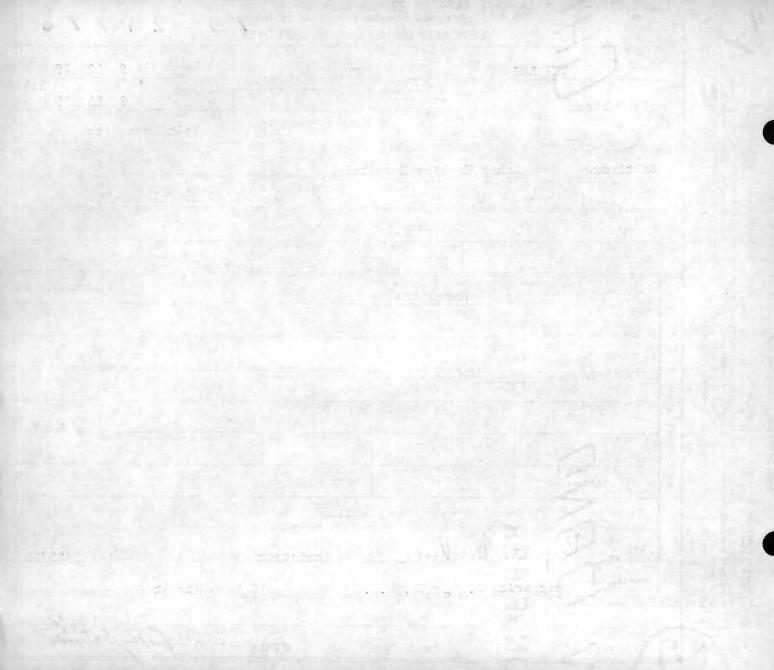
	IIt	em #5&6 per pho	ne call w/Fun.	OF HEALT	MAKYLAND H AND MENTAL HYGIE	NE O O I	·yy yu
1		STATE Home 9/26/79 REGISTRAR	y rc		CERTIFICATE OF DE	7	115
Weath	1. DE	CEASED NAME FIRST AGNES	MIDDLE	BRYGOD	ZINSKI (PRADICK	20. DATE KNOWN X MONTO	DAY YEAR 26. HOUR 17 19 79
	I SE	Cecumie III	5. DATE OF BIRTH 6. AG		NDER 1 YR. IF UNDER 24 HRS	2c. DATE MONT	H DAY YEAR 2d HOLL
(IVI)		female white	Jan. 31,1901 78		DATS HOURS MIN	DEAD 9	19 10 M
HIPOTE Z	10	RTHPLACE ISSUED ON ASSESSMENT ON ASSESSMENT ON ASSESSMENT ON ASSESSMENT OF ASSESSMENT ON ASSESSMENT	76. CITIZEN OF WHAT COUNTRY?		RIED NEVER MARRIED WED A DIVORCED	Baltimore C	ti tav
45.4	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME, OR OT	HER INSTITUTION 120 U	SUAL OCCUPATION (TYPE OF WOR	MD.
DELAY TO TH PAG SE FILI		Baltimore	702 Startuzerne		1	OME MAKE!	OK INDUSTRY
1201 F ANY E AND 3 RETAIN HOULD		AL RESIDENCE (IF IN NURSING HOME O TATE 13b. COUN'	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY BATTI		13d. INSIDE CITY LIMITS? 130 ST	REET ADDRESS LUZE	RNE AVE.
	14. F	ATHER'S NAME FIRST OHN	MICHALSK	;	15. MOTHER'S MAIDEN NAM	OWN	LAST
RS AFTER DEATH RS AFTER DEATH GWE PAGES IN MITH PAGES I AND 2 DIVISION ON VITA	160.	VAS DECEASED EVER IN U.S. ARA ES, NO. DRUNKNOWN) (IF YES, GIVE V		CURITY NO.	PETER BRY	ADDRESS 160DZINSKI	GSO2. BROWN ST.
1 XE 25		III. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	ly one come per line for (a), (b), and (b) Arterioscle	cotic c	ardiovascular	disease	APPROXIMATE INTERVAL BETWEEN OPOST AND DEATH
PRESTON ST WITHIN 24 HG CILLIN ITEM INER ALONG ANSIT PERM MOVAL		4299 IMMEDIAT	DUE TO: OR AS A CONSEQU				
PREST THE SAME NOVA		Conditions, if any, which gave rise to immediate	(b)	N N		Edition of the	
301 W. CUTED W IN PEN EXAMI BRACTR D MENT COR REA		couse (a) stating the under lying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF			
DIVISION OF VITAL RECORDS, 3 S. CERTERCATE SHOULD BE EXECUTING THE WORD "PENDING" FIED TO THE CHE? MEDICAL F. S. SHOULD BE USED AS A BUIL F. DEPAITMENT OF HEALTH AND PRIOR TO BURNAL CREMATION	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	WE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1 (a).		
ALREA	CERTIFICATION	196 DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION	WAS PERFORMED?		78 AUTOPSY?
DE VITAL WORD THE CHI DO SE US ENT OF	4	Tie EXTERNAL CAUSE WAS	21h TIME OF INJURY	[21c.)	HOW INJURY OCCURRED (1977)	S NATURE OF BUILDING IN ITEM 18 PART I OF	YES NO 20
PKCAT THE VOID TO BE		UNDERLYING OR CAUSE OF I	DEATH P.M.	YEAR 10			
DIVISION HIS CERTING WRITING AMPLED 1 PRIOR DI P	MEDICAL	ZIE INJURY OCCURRED WHILE NOT WHILE D AT WORK	The PLACE OF INJURY (ATT	OME. 21f. L	OCATION STREET	CITY OF FOWN	COUNTY BEATS
ATE. TORK.	1	22s. I certify that I took charg	ge of the remains described above, he	d an Auto	pry . impaction X	Inquiry and in my	opinion
MININ TEIC ECTO	16	death resulted from: Natur	polyetimes [X]. Accident []	Suicide		letermined manner	
EXA CENT A DIED MANTE		ACTUAL SIGNATURE	buan		M.D. Assistant M	DA DICAL EXAMINER SIG	TE 9/17/79
MEDICAL I CUTE THE FINERAL ER DEATH	7	1/					
EXECUTE PAGE AFTER BALTER	122	TYPE OR PRINT)HC	ormez R. Guard, M		ADDRESS 111	Penn Street	
	230.1	PRIAL, CREMATION, REMOVAL 2	9/20/1979	TANILCA	OR CREMATORY 1230	ATIMORE	COUNTY MOSTATE
010 3 DHMH-17	24	ONERAL DIRECTOR	ADDRESS /	35	250. DATE REC'D.	\$4000 A	NATURE
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		STRAR SED NAME	FIRST	7712	MIDDLE	XAMINE		ERTIFICATE C	2a. DATE OF	KNOWN ESTI-		DAY YEAR	2b. HO
	(TIPE OR P	KIN I	CHARL	ES	N.		BUDI	D		MATED [9	22 19 79	
3	SEX	4 RACE		DATE OF BIRTH	YEAR	LAST BIRTHDAY		DER I YR IF UNDER	24 HRS. 2c. DATI	NCED	MONTH	DAY YEAR	3:4
	ma1			12 2	49	29 YRS			DEAL		9	22 1979	p
70	BIRTHP FOREIGN	COUNTRY)		CITIZEN OF WI	HAT COUNT	RY?	MARRIE	D NEVER MARR	IED .	-	_	TY OF DEATH	
L			d.	USA			WIDOWE			Baltimo			ile is inc.
עו		R TOWN OF DEAT	Н 11.	NAME OF HOS			OR OTHER	KINSTITUTION	FOR MOST OF WO		E OF WORK	OR INDUS	TRY
1.19		Iltimore	ING HOME OF OT	Johns I				4 3 15 30					
	a. STATE		36 COUNTY		13c CITY	Ito.	1	3d INSIDE CITY LIMITS?	13e STREET ADDR	ESS Call	2011D	C+	
17	EATHE	R'S NAME			De	100.		YES X NO [. Call	Duil	DC.	
1	_ 1	FIRST LTY	M	N.	Budd,	Sr.		Lillian		AIDDLE	Br	vd LAST	
16	a. WAS	DECEASED EVER II	N U.S. ARMED	FORCES?		AL SECURITY	NO. 1	7. INFORMANT		ADDRESS		14	
	(YES, NO	OR UNKNOWN)	Vieti	OR DATES)	815	-52-23	76	Larry W.	Budd, Sr	. 114	13 N.	Calhou	n St
F		CAUSE OF DEATH						4				APPROXIMA	TE INTERV
		PART I DEATH WA	S CAUSED BY	1	Narco	1	7.30					BETWEEN ONS	ET AND DE
	-	0044	IMMEDIATE		AS A CON	SEQUENCE OF		1			15.		
-		Canditians, if an		(b)									
1		cause (a) stating t		<	AS A CON	SEQUENÇE OF						Will Hall	
Н		lying couse lost.		(c)									
		T 2 DTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH	BUT NDT RELAT	ED TO THE TERMIN	AL DISEASE (OR CONDITION GIVEN IN PA	RT 1 (a).				
	20												
	N 19a.	DATE OF OPERAT	ION	19b. CONDI	TION FOR V	VHICH OPERA	TION WA	AS PERFORMED?				2D. AUTOPS	
	19a.	EXTERNAL CAUS	EWAS	21b. TIME OI	(ALILIAY		Tale HO	W INJURY OCCURRI	D . ENTER MATURE CT.	IN IDV IN PRESENTA	DART I OR O	YES X	NO [
1	NO NO	DERLYING DO	R	HOUR A.M	MONTH	DAY YEAR	ZIC. HO	** INJURY OCCURRI	CO (EMIER NATURE OF I	JURT IN HEM 18	FARL LORP	nn (2)	
1	× 1714	NTRIBUTING C	FD.	TH P.N		19	211, LOC	ATION		1			
	WEI	WORK AT WO	WHILE		TORY, FARM, ET			REET	CITY OR TO	NWN	co	YTAUC	STA
	AT	WORK - AT WO	ORK					1277					
		22a. I certify that 1			cribed aba	ve, held an	Autopsy	XX Inspection	on . Inquiry	L, 0	nd in my a	pinian	
	de	eoth resulted fram:	Natural d	auses X	Accident	L, Suic	ide 🔲	Hamicide L	Undetermined n	anner,			
	AC	TUAL	VAN T	- A.	, Cl	.00		TITLE (SPECIFY)			DATE	0.10	0 /=0
-		NATURE		104	vin		M.[ASSISTAN	t_MEDICAL EXA	MINER	SIGN	ED 9/2:	3/79
	EXA	AMINER'S NAME PE OR PRINT)	Marco	rita A.	K ro	11 M 1		DDRESS1	11 Donn 0	tracet			
7	3a BUR1A	L CREMATION RE						CREMATORY	11 Penn S			INTV	STATE
	(SPECIF	rial		/29/79		ina Me			Balti	more C	, Î	Md.	STATE
2	4. FUNE	RAL DIRECTOR			1	111-1-1-1			REC'D. BY REGISTR	AR 25b. R	ISTRAR'S	SIGNATURE	
	Talm (Č March I	H/T	1101	E No	rth Ave		SE	09 8 1970	Jus	July!	Y. TOURSE	7

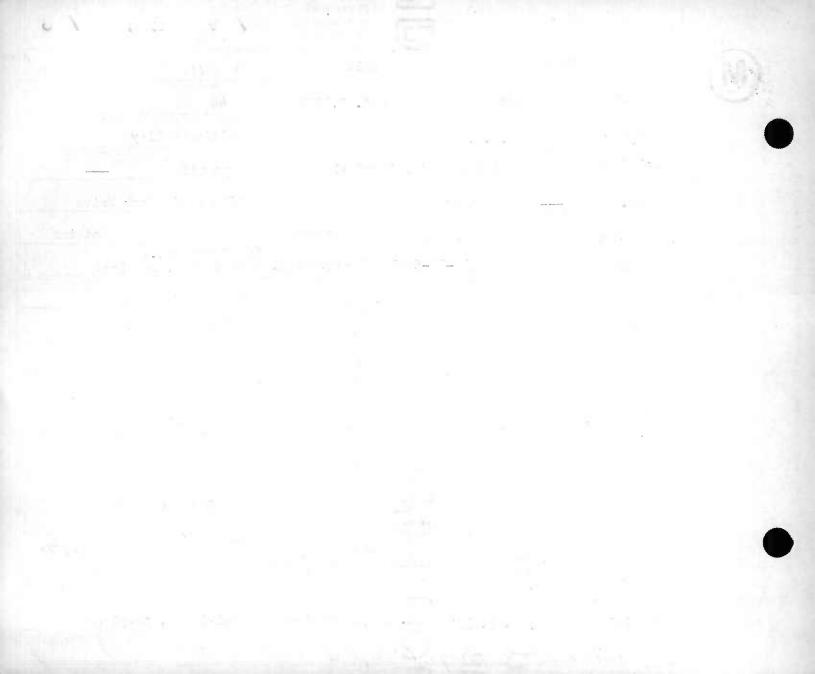
15M 7/76



Da	*	1			STATE OF MARYLAND		
0	1	1.	FOR STATE	DE	PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ieny 9 2	1777
K	(M)	1. DE	REGISTRAR CEASED NAME FIRST	MIDOLE	LAST	REG. NO.	DAY YEAR 26 HOUR
-0		(TYPE	5 EORG A	RUK	OVSKY	SEPT	7 1950
	ou do la	3. SE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	rector, urs offi	7	m	W	4 /14 /08 YEAR	71	MONTHS DAYS HOURS MIN.
	orth. Po		IRTHPLACE (STATE OR FOREIGN OUNTRY)	CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
	ier deoth.	10.0	ITY OR TOWN OF DEATH	1 NAME OF HOSPITAL N	WIDOWED DIVORCED	BALTO.	CITY MD.
	by the filed will	10 C	BALTE	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) CITY HOSP	12a USUĀL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 21201	d in be t	₩SU.	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13e STREET ADDRESS	
N N	in 24 hau ly filled in should be		MO B	ALTO EAST		77/1 B	RADDOCK
RYL.	within lettely d 2 st	14. FA	ATHER'S NAME FIRST MI	DDLE LAS	15. MOTHER'S MAIDEN NAM		LAST
WA		2	TOSEPH	BUKOVS	KY MARIE	SIXTA	IASI
ORE	n and comp	16a V	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	
WIT	S. Pe		VNK	213	e 70449 Roses Let	BUKOUSKY	A BOVE
	certificate ng physici bonpaper r remavol. ic event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), BY.	bi, and icil	1.1 Jul	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V ST.,	certifing plans pl		IL I I IMMEDIATE	CAUSE (0)	es o mysen	roca Type	no hours
PRESTON	4 0000		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF		
PR	0 E U =		gave rise to immediate couse (a), stating the	(b) (c)			
₹	oy the		underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF		
, 201	ires thu gned b n pleor burial,		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
RDS	a Stern The Injury	O.					
RECC	hos been permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
TAL		ERTI	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121, HOW INTURY OCCURR	YES NO (ENTER NATURE OF INJURY IN ITEM	YES NO
- Y-	4 5 th th th th		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONT	H DAY YEAR	ED (ENTER NATURE OF INJURY IN TIEM	18, PART TOR PART 2}
NO	≥ Sp s q × s	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f. LOCATION		
DIVISION OF VITAL RECORDS,	the the the ond ced	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	00 - 9 D E		220.1 certify that (1) (this haspita	I) ottended the deceased		, to	, 19, that (I) (we) lost
	Frid Spirit		sow the diceosed alive on above (we) (did) (did not)	view the body ofter death.		leoth occurred on the dote and	hour and from the causes stated
	ral OR A y the hos tal DIREC detached ote Dept. IT: If Item		17h SIGNATURE	da 92	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
	HOSPITAL ned by th FUNERAL old be dett of the Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPE ORP	PINIT	PHYSICIAN V	DIRECTOR PHYSICIAN	9-10-11
	TO HOSPITAL retained by t TO FUNERAL should be def with the Stote IMPORTANT:	100	Leopoldo	GRUSS, n	and the second	mens Doul	Pd 21221
	of of start	230 E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	114 21201
	BP	{	SURIAL	9/11/79	WOODLAWN	BALTO.	COUNTY STATE
	DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	ADDRI	250. DET	16C P. BY R197 Q.R 256. RE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(VR A 15 (4))	1	T. S. CONNE	LLY 3	CO MACE	TOWN	

TO SEE STATE OF THE PROPERTY OF THE PARTY OF MA CONTROL WAS A CONTROL OF THE PARTY OF THE END FOR THE BEST OFF CENTRAL CONTRACTOR OF CONTRACTOR

		FOR - STATE REGISTRAR		MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	21	7 7 8
M		CEASED NAME FIRST Mildr	MIDDLE		Bull	20. DATE OF DEATH MO		979 12.10 M
	3 SE	× Female	White	5. DATE O	ot. 2,1935	6 AGE (IN YEARS LAST BIRTHDA		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
neral du		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	II. MARRIE WIDOWE	DI NEVER MARRIED DI DIVORCED 🕅	Baltimore city or c	OUNTY OF DEA	TH
by the fulled with	10 0	Baltimere	11. NAME OF HOSPITAL, NURSIN (# NOT INSUCH FACILITY, GIVE STREET Union Memoria	G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife		IND OF BUSINESS OR STRY
filled in ould be f	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	/N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 2029 Druic	d Park D	rive
and 2 shi	14. F.	THER'S NAME FIRST Edgar	MIDDLE LAST Jones		15 MOTHER'S MAIDEN NAM	AE MIDDLE	1	Watkins
physicion and co anpapers. Pages 1 emoval.		VAS DECEASED EVER IN U.S. AI			Frances Bull	86 Wimer Pre A. Westminster,	re., Marylar	nd
been signed by the rmit. Then please ret prior to burial, crem any injury, or other	VION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITI	ION GIVEN IN PA	
ite has been sit permit.	CERTIFICATION	9/21/79	obstructive		die	YES NO	YES	USES OF DEATH?
certifica proditror ental Hy Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE {IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PA	RT 2)
the one ked	WED	21d. INJURY OCCURRED WHILE ONOT WHILE OAT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNT	Y STATE
S 5 5 5		sow the deceased alive of	ot) view the bady ofter death.		d that in (my) (our) opinion of DEGREE	leath occurred on the date of the second cal Res		m the couses stated
DIRECTO sched for Dept. of h f hem 21		11 adlas						
DiREC Sched Dept.		122d PHYSICIAN'S NAME (TYPE RAIKAR.			PHYSICIAN L	DIRECTOR PHYSICIAN	CAL HO	
DIREC oched Dept.	230.	220 PHYSICIAN'S NAME (TYPE	PRINT) R - V - L 23b. DATE 23c 1	NAME OF C	220 ADDRESS CO CL	DIRECTOR PHYSICIAN	BAIT.	m D. 21218



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIEIC ATE OF DEATH

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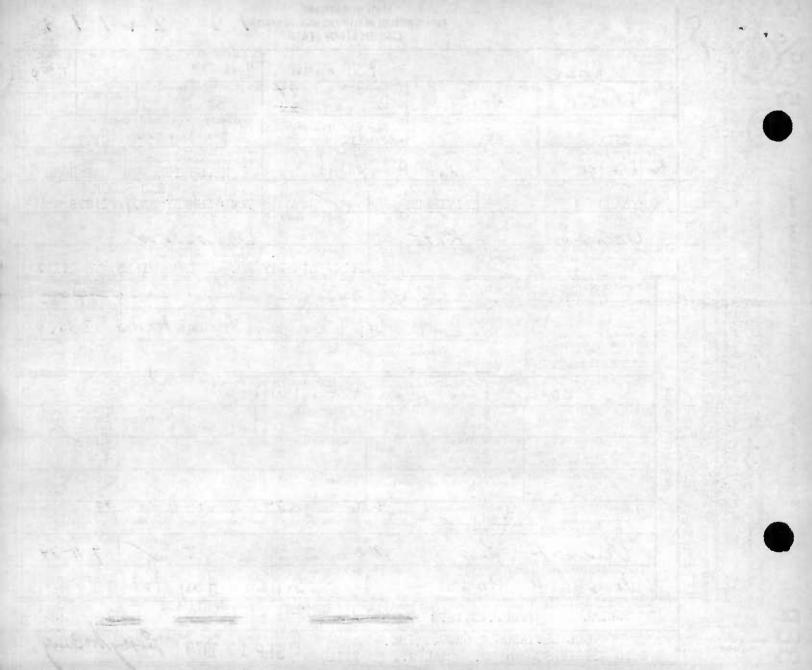
5	-	STATE REGISTRAR			CERTIF	ICATE OF	DEATH	REG. N	0.		
		CEASED NAME FIRS		WIDDLE	P	ocl ma	ish	9-11-79	MONTH DA	Y YEAR	26 HOUR 4:30 P A
	3. SEX	Elmale	4 RACE Wh	ite	5 DATE C		944 34	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	#F UNDER 24 HRS HOURS MIN
7		RTHPLACE ISTATE OR FOREIGN DUNTRY) RUSSIA	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER	MARRIED	9. BALTIMORE CITY S Balt,		CITY	(ME
12	0	altimore		HOSPITAL, NURSING STREET		pital	TITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW)	OF WORKING LIFE)	INDUSTRY	HOME
5	13a S M	ARYLAND	OME OR OTHER INSTITUTION COUNTY	I, GIVE RESIDENCE BEFOR 13c. CITY OR TOW BALTIMOR	VN	130 INSIDE C	NO 🗌	13e. STREET ADDRESS 7040 SURR	2ND F		15 21215
00		THER'S NAME FIRST ONENOWN	WIDDLE	KITT			S MAIDEN NAM FIRST	UNK.NO.	WM	LAS	đ
1		VAS DECEASED EVER IN U.: es, no or unknown) (if ye	S. ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17. INFORMA 11249		MELVIN BOLL RD., OWING			21117
	Z	Conditions, if ony, whice gove rise to immedia couse to is stating it underlying couse to the part 2. OTHER SIGNIFICA	AUSED BY: EDIATE CAUSE (0) DUE TO, O the ene tit (c) COMMON TO THE	Sep or as a consequence or as a consequence	ENCE OF	NOT RELATE	er ebr	NAL DISEASE OR CON		t 3	day S
9	TIFICATION	19a DATE OF OPERATION		ITION FOR WHICH		,	(()	200 AUTOPSY? YES NO		WERE FINDIN NG CAUSES	
7	MEDICAL CERTI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CO	OF DEATH HOUR A. MINER) P. 21e PLACE		AY YEAR 19 FARM, ETC.)	211. LOCATI		ED (ENTER NATURE OF INJU		COUNTY	STATE
		220. I certify that (I) (this sow the deceased ali above, (I) (did) (d 22b. SIGNATURE	ve on 9-1	19		nd that in (my	(our) opinion d	eath accurred on the d	ote and hour o		
		Very on		053	M.		ATTENDING PHYSICIAN S	· Hasi		9-1	11-79
-	23o E	BURIAL, CREMATION, REMO SPECIFY) BURIAL	SEPT.1	2,1979	HYPERES	MYTOUR	CRIMENORY	23d. LOS ATICN I M	ORE B	OUNTY	STATE

DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTORSOL LEVINSON & BROSERESS INC.

MD

6010 REISTERSCTOWN RD. BALTO., MD 21215 256. DATE REC'D. BY REGISTRAR 256. REC. T. APS SIGNATURE
SEP 1 3 1979



STATE OF MARYLAND

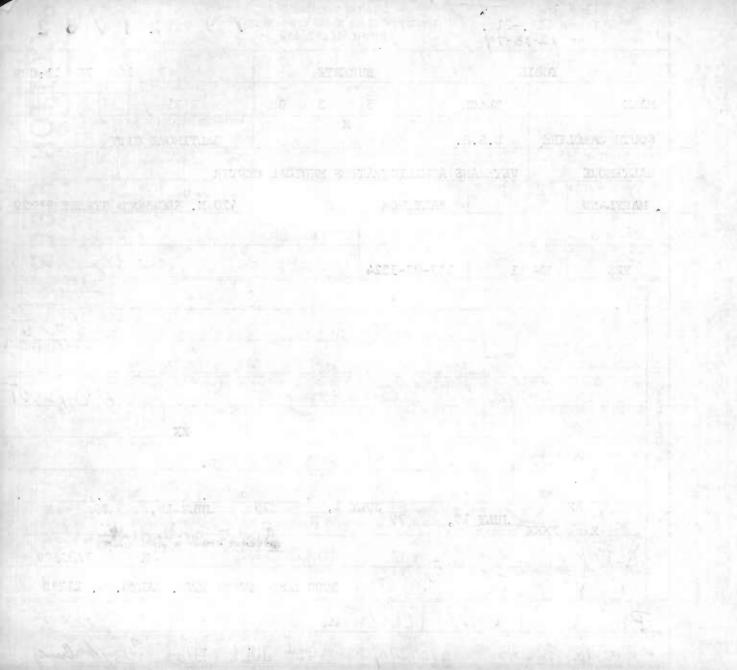
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STATE OF MARYLAND

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6			1.	FOR STATE Items 21	a21f.&	DEPART		IEALTH AND MENTAL HY	HENRY 9	2	1 8	1 2
			Ľ		-13-79		CERTII	ICATE OF DEATH	REG. N	10.	- 3	
				CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	3/83		, , ,	TOE	IE		BU	JRKETT		7 16	79	11:00B
	是 海		3 SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THOAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	E CA		M	ALE	BLAC	K	MONT 5	3 68	7:	YRS.	DAYS	HOURS MIN
	Po . Po	i c		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY		EATH	11 5 1 1 1
	nero in 73	5//		OUTH CAROLINE	U.S.	A.	WIDOW		BALTIMO	ORE CITY		MD.
15.41	he fu	D	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		N. KIND OI	F BUSINESS OR
0	by t	23		ALTIMORE	VETERA	NS ADMIN	ISTRA!	CION MEDICAL O		" WORKING LIFE) IIV	DUSTRI	
MARYLAND 2120	hau d in	S De	USUA 13a S	AL RESIDENCE (IF NURSING HOME TATE 13b. COI	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
AND	filled	E		MARYLAND		BALTI		YES XI NO []	420 N. El	DGEWOOD S	STREE	T 21229
RYL	within etely 12 sh		14. FA	THER'S NAME	MIDDLE	27 LAST-	,	15 MOTHER'S MAIDEN NA			1.65	T.
	mple and	5/00		George	*	Durker	1	Rasie	MIODE	Cha	pec	e-
FilmG? BALTIMORE,	e execut	1		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 NFORMANT	ADDR	Cha #20 Ed		14
- IM					II	217-07	-5224	Jennie	Burked	720 Cd	gjen	224 71 .
F	ysicio		17.5	18 CAUSE OF DEATH (Enter	only ane cause pe	line far (o), (b), ar	dich		1		APPROXIA BETWEEN C	MATE INTERVAL
35.	a ph on po	2		PART I. DEATH WAS CAUS	ATE CAUSE (0)	carse	1000	p ques	0	9		-
	th ce corb			0070	DUE TO, C	R AS A CONSEQU		0			. 0.	0.9
PRESTON	dead atter			Conditions, if any, which	((b)_	asp	mark	ou preun	louing and	SEPTEDO	, 10	way
W. P.	t ties	1)		gave rise to immediate cause 101, stating the	DUE TO, O	R AS A CONSEQU	ENCENCE	1000	1.0 -V V	0	gen	eeing og
	that d by leose ol, cr	5		underlying couse last.	(c)		alt	ned men	al stat	100	1	_
certif.	gne bur	, X	z	PART 2. OTHER SIGNIFICANT	COMDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 110	- set
ORC	ow requ		TIO	19n. DATE OF OPERATION	Marin	ax V	2000	N WAS PERFORMED	200 AUTOPSY?		ICCI	DEN
	low no be be no be presented to be presented t	and of	CERTIFICATION	196. DATE OF OPERATION	190 COND	THON FOR WHICH	OPERATIO	N WAS PERFORMED		20b. IF YES, WER	CAUSES	OF DEATH?
ED IN	N: The		ERT	21g. ACCIDENT WAS UNDERLYING	21b, TIME C	E IN JURY	-	21c HOW INJURY OCCUR	YES NOTED NATURE OF INTU	YES T	D DADT 2)	NO 🗆
Ori				OR CONTRIBUTING 🔀 CAUSE OF E	EATH HOUR A	M. MONTH D				VI IIV IIEM IB, PART I O	K F CK 1 2)	
NO			MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		M. / J	. /19	Fell down	Stamrs.		-	
ec'd orig. Division of vital	3 Pr	2	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	ood St.	WN CC Balto	YTAUC	STATE Md.
ec ec	DING or a se os			220.1 certify that the (this has			JUI		, to JULY		· /	that (X (we) last
juliaj	TEN TOR: or us	2		saw the deceased alive of above (K(we) (did Xd)		40	79	1.1 1 Y				
	OR AT or hosp DIRECT Signal of the Control of the C	E	11	All SIGNATURE	not view the bady	atter death.		DEGREE	March Break	July 12	DATE S	SIGNED
	- + - + e	=	941	20 Haully W	YILRA	Lanck	/	ATTENDINO A	The contract of the contract o	FF CIANION	7/2	3/79
	by by VERA	-	1	224 PHYSICIANS NAME COM	OFFINITY OF	TUND	10	22e ADDRESS	DIRECTOR D PHYSIC	TAIN EN	115	
	O HOSPITAL of the standard of the standard by the TO FUNERAL I should be determined by the State (Managora National Control of	5		Also X	WALL	4/1/	(2)	3900 LOCH	RAVEN BLVD.	BALTO.M	D. 21	218
	TO H shoul	<u> </u>	23a, 8	URIAL CREMATION, REMOVA	I III DAFE	1 236.1	NAME OF C	EMETERY OR CREMATORY	234 TOCATION			
20	37 _{BP}		-11	Bureal	7/21	179 (- /	itus Mem	· Baety	COUN	" AL	STATE
B. 1. 7.	DHMH - 16 50M 1/76		21 54	INERAL DIRECTOR			- 0	0. 0 110	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATI	JRE
	(VR A 15 (4))		+	thulips fu	n. Home.	1721-2	27N.	Morraist 11	JL 2 3 1979	tistre	hal	heady



· Col	1	FOR STATE	a-22a Fi	lm G536	DEI	PARTMENT O	FHEALTI	H AND MENT	-	NE ()	2	1	1	a	"1
		REGISTRAR	e FIRST			CAL EXAMI	NER'S	CERTIFICAT	TE OF DE	ATH	REG. NO		-	14	<u> </u>
-		CEASED NAM E OR PRINT)	EILE	EN	M	DDLE	I	BURNS		26. DATE K OF DEATH	MATED	_	15	79	2b HOUR
	1.5E)	male	* RACE white	5 DATE OF E	DAY	YEAR LAST BIRTI	HDAY MONT		INDER 24 HRS.	2c. DATE PRONOUNG DEAD	CED	MONTH 9	15	79	10:08
	7g. BI	RTHPLACE (S	TATE OR		1,195 OF WHAT	COUNTRY?	YRS.	-		9. BALTIMO	ORE CITY O				W
音楽3く		ryland		United	d Sta	ates	WIDOV	VED DI	WARRIED	Balt	imore	Cit	у		AAD
SS FIED	10 CI	TY OR TOWN Baltim		II NAME O	F HOSPIT	AL, NURSING HO, Y GIVE STREET ADDRESS.	. 12		FOR	UAL OCCUPA MOST OF WORK	ING LIFE)	OF WORK	12b. KI OI HO!	IND OF BU	
35	13a. S		(IF IN NURSING HOME (11;	esidence before admi 3c. CITY OR TOWN		13d INSIDE CITY LIN		REET ADDRES		nd A			
¥	14. F/	THER'S NAME		MIDDLE		LAST		15. MOTHER'S / FIRST Ruth	MAIDEN NAME	E	DOLE	Owe		LAST	
400	16a. V	Clintor VAS DECEASE	DEVER IN U.S. AR	MED FORCES?		demeyer	RITY NO.	17. INFORMAN			ADDRESS	OW CI	110		
DIVISION	(4	ES, NO. OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	2	212-60-37	788	Clinton	n Budde	emeyer	249 :	s. E	ast	Ave.	
		18 CAUSE C	F DEATH (Enter or	D DW	er line for	(a), (b), and (c).			T. P. Call				· A	APPROXIMATE	INTERVAL T AND DEATH
GIENE.		PARITO	ATH WAS CAUSE IMMEDIA	TE CAUSE (a).		iration (nitus							
- Z		Condition	ns, if any, which		O, OR AS	A CONSEQUENC	E OF								
MENTAL HY			se to immediate	e / (b).	O OR AS	A CONSEQUENC	E OE					-9/6	+		
20		lying cou		(0)	-,										
CREMATION, C	z	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	SE OR CONDITION GIVE	N IN PART 1 (g).						
PRIOR TO BURIAL, CKEM,	CERTIFICATION	19a. DATE OF	OPERATION	19b. C	ONDITION	N FOR WHICH OP	ERATION V	VAS PERFORMED	?			78	100	AUTOPSY:	NO []
-			AL CAUSE WAS		ME OF IN			OW INJURY OCC	CURRED (ENTER	NATURE OF INJU	JRY IN ITEM 18 P	ART 1 OR P			
3	MEDICAL		NG CAUSE OF	DEATH ?	P.M.	9/15/19	79]	Inhalati	on of v	omit					30.00
	MED	21d. INJURY C			ET, FACTORY	, FARM, ETC.)		STREET Highl	A	CITY OR TOW	Baltim	CI	OUNTY		STATE
9		AT WORK	AT WORK		hom	е			and Ave		baltım	ore	Ult	y	Md.
2			fy that I took charg		7			1	pection .	Inquiry		d in my o	pinion		
3		death result	ed frant; Natu	ral couses	, Ac	cident 🔼	Svicide	, Homicide		termined mai	nner,				
WW		ACTUAL SIGNATURE,	IM	M	11	Ma	^	TITLE (SPECI A.D. Assist	ant	OICAL EXAMI	INER	DATE	ED 9-	16-79)
BALTIMORE, MARTTAND, 212		EXAMINER'S	HAME A	nn M. I	nixon	, M.D.	1	ADDRESS		Penn S					
BAL	23a.B	-	TION, REMOVAL			23c. NAME OF C		OR CREMATORY	23d. LC	ÓCATION ORTOWN		COI	UNTY	SI	ATE
		Buri		9-19-7	9	OakLaw	n Ceme					ltim	ore,	, Md.	
)		NAME	tion Zeiler In	700	DDRESS	out area A			DATE REC'D. B					Creody	7.191
	Li	LLV &	Zeiler Ir	nc. 190	L La	stern Ave	-	18	EB 18	197Q	Lis	Frak	THE	may	

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20						DEDARTA			ARYLAND	UVOLENI					
للملك	2		STATE						AND MENTAL	1	-1	2		1 8	3 4
		F	REGISTRAR		WE		XAMIN		ERTIFICATE			REG. NO		-	7
/AAN			EASED NAME	FIRST		MIDDLE		13.8	LAST		20. DATE 1	KNOWN X		DAY	YEAR 2b. HOUR
(IAI)	SE RS:S:			JOHN		A.		BUS	CEMI		DEATH	MATED	9	5 19	79 м
	PLEAS RECTO R FILE HOUR STREE	3. SEX		4. RACE •	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN			20 DATE	CED	MONTH	DAY	YEAR 126 HOUR 10:15
	N S L	ma	le	white	APRIL 7	1917	62 Y		S DAYS HOURS	MIN	DEAD	(CED	9	5 19	79 D M
	AL L	do. Bir	THPLACE (SI	ATE OR	THE CITIZEN OF WE	HAT COUN	TRY?	8 MARRIE	D NEVER MAI	DDIED O	9. BALTIM	ORE CITY O	R COUNT	Y OF DE	
	S NECESSARY, PLEASE FUNERAL DIRECTOR 5. S FOR YOUR FILES D. WITHIN 72 HOURS W. PRESTON STREET.	FOR	EIGN COUNTY	D.	11.3	S.A.		WIDOW			Ral+	imore	City		
	Z Z S - 3	10. CIT	YORTOWN	OF DEATH	11. NAME OF HOS	PITAL, NUR	SING HOME					PATION (TYPE			OF BUSINESS
	PAGE 5 S 301 W	-			(IF NOT IN SUCH FA	CILITY, GIVE ST	REET ADDRESS)			SOR M	OST OF WOR	KING LIFE)		2 OR IN	NDUSTRY
	DELAY 3 TO TH IN PAC 30 SE FIL	LISUA	Baltim		JOHUS OR OTHER INSTITUTION, GI		INS HO		1_	OR	LESV	THO		DUR	71 60
21201	RETA HOULD	13a. S1		13b. COUN		BA	LTO.		YES NO	_ 00	16 EL	55 · 500	Hu	ye	21213
MD. 2	- AI 4	14. FA	THER'S NAME	1	MIDDLE S		AST.		15 MOTHER'S MAI	DEN NAME	M	IDDLE 77		, MAS	T - *
	SEATH SEATH		CARM	relo	Z	USCL	EMI	(P)	MARI			B	occ.	HER	21
OR	PAGES ORM P			EVER IN U.S. AR		16b. SOC	IAL SECURIT	Y NO.	17. INFORMANT	T)	48.7	ADDRESS			
BALTIMORE,	E H HO	(10	S, NO OR UNKNO	WIN) (IF TES, GIVE	WAR OR DATES)	216-	32-7	127	MARIE 1	BUSC	EM;		SAMI	E	2/2/3
NA NA	B. GIV WITH T. PAG DIVISI		18. CAUSE O	F DEATH (Enter on	ly one cause per line	for (a), (b),	and (c).)		111,512						OXIMATE INTERVAL IN ONSET AND DEATH
ST.,	HOL A 18 A 16 VE, I		PARTIDE	ATH WAS CAUSE	DBY: Cr	anio-	cerebr	al in	jury with	h comp	licat	ions		BETWEE	NONSET AND DEATH
NO	HIN 24 HO IN ITEM 1 R ALONG SIT PERMIT HYGIENE,		22/	IMMEDIA	DUE TO, OR	AS A CON	SEQUENCE	OF						1772	
PREST	THIN YEAR			ns, if ony, which										1	
	MINER A MINER A TRANSIT NTAL HY REMOVAL			e to immediate stating the under-	(b)	ASACON	SEQUENCE	OF							
301 W.	CUTED WITHIN IN FENCIL IN IT EXAMINER ALL EXAMINER ALL URIAL TRANSIT IN MENTAL HYON OR REMOVAL.		lying cau		302,0,0	7,07,001.	ord or	0,						100	
			PART 2 DINER CH	ENIEICANT CONDITIONS	CONTRIBUTING TO DEATN	BILL NUT BELV	TEN IN THE TEN	IINAL DICEACE	DR CONDITION CIVEN IN	DART 1					
RECORDS,	SHOULD BE EXECURD "PENDING" I CHIEF MEDICAL E USED AS A BUT OF HEALTH AND IALL CREMATION,	N	TAKE Z BTHEK SH	SWITCHWI COMPILIONS	CONTRIDUTINO TO DEATH	DOT NOT KEEN	TED TO THE TERM	IIIME BIJEMJE	DK CUMUIIIUM ONEM IM	TAKI I U					
REC	F W A TEAN	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR V	WHICH OPER	RATION W.	AS PERFORMED?					20. AU	TOPSY?
IAL	SP USE	FFC			ATT OF THE									YE	S D NO T
OF VITAL	HIS CERTIFICATE SHOUNTING THE WORD ARABED TO THE CHIEF CHIEF CHIEF CHIEF DEPARTALD BE US OF PRIOR TO BURNAL. OF THE PEPARTAL O	ERT	21a. EXTERNA	L CAUSE WAS	216. TIME O HOUR AX	EINJURY		21c HC	OW INJURY OCCUR	RED (ENTER)	NATURE OF INJ	JURY IN ITEM 18 F	PART I OR PAR		
Ō	CAT TAKE OB THE CAN	MC	UNDERLYING	OR		XMONTH 8-2	6- 1975	Ride	er of bic;	vele t	hat s	struck	buil	ding	
SIOI	ED TO BO BO TO BO	DIC	21d. INJURY C	CCURRED		OF INJURY			CATION	, 020	224 0 10	-		0	
DIVISION	CERT ITING DED E 3 SF DEP	WE	WHILE _	NOT WHILE		ing I		3400	blk. Be	lair F	CITY OR TON	to.	COL	YTM	Md.
	R: THIS CANARD DRWARD I: PAGE STATE [21201 PI		AT WORK	AT WORK	x harv	TIIS T	00	ртос	-		ia , j Do				
	POR HE S		22a. I certif	fy that I took charg	ge of the remains de	scribed obo	ve, held on	Autop	sy 🔲 , In <u>spec</u>	tion X	Inquiry	L, on	d in my op	inion	
	AND THE STATE OF T		death result	ed fram: Natu	ral couses .	Accident	X, so	picide	, Homicide	, Undet	ermined mo	onner .			
	ERTIFIC ERTIFIC BE MITH THE RECTO	34	State of	A		~			TITLE (SPECIFY)					,	
	CAL EXA THE CER SHOULD RAL DIR (ATH. WI) RE, MARY		SIGNATURE.	(1)	MA	NA	_	M	D. Assista	nt MED	ICAL EXAM	AINER	DATE	9-6	- 79
	DIC.			111.	00	1				77 D	(1.				
	D MEDICAL EXAMINER: ECUTE THE CERTIFICATE, GE 4 SHOULD BE FORE TURERAL DIRECTOR: FOR PARTIENDED ATTER DEATH WITH THE SHOWN OF THE PROPER ATTER DEATH SHOWN OF THE PROPERTY OF THE PROPER		TYPE OR PRO		M. Dixon,	M.D.			ADDRESSL	ll Per	ın st.	•			
	TO ME EXECU PAGE TO FU AFTER BALTIW	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. N	NAME OF CE	METERY O	R CREMATORY	23d. LC	OCATION	-	Z cour	VTY	STATES
ngul	BP	l G	BURI	96	9-10-79	SAL	DENS	0/1	ATTH			- 4		D. Co	o. MD.
0011	DHMH - 17	24. FI	UNERAL DIREC		- U ADDRES	s .	11			TE REC'D. BY	REGISTRA	R 25b. REGI	STRANS	GNATU	man.
	(VR A15 ME (5)) 15M 7/76	/	HEMA.	5 Ti	MARDA	282	9 HU.	050 A	5 57	JEP	111	979	may	7"	Calony
	13/11/70	4	70.		THE		- / /							-	7

SEP 1 1979 / Example 1 1978

36	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE /	9 REG.	2 NO.	1	1	8	3
		EASED NAME FIRST OR PRINT)	SLIE	MIDDLE		AST	20 DATE	OF DEATH	MONTH	DAY	YEAR 29	26. HOU	IR P
	SEX		RACE White	н.	S. DATE C	CHER DE BIRTH DE 1, D1938 YEAR	AGE (IN	N YEARS LAST B	SIRTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS MIN.
30	le. BIF	RTHPLACE ISTATE OR FOREIGN WINTRY)		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIM	ORE CITY		NTY OF			
14	0. CI1	Y OR TOWN OF DEATH ALTIMORE	11. NAME OF		(DDRESS)	R OTHER INSTITUTION	12a. USUA (TYPE OF W	LOCCUPA ORK FOR MOST	TION TOF WORKIN	G LIFE)	26. KIND C	F BUSINE	
		L RESIDENCE (IF NURSING HOME OF TATE 136, COU	OR OTHER INSTITUTION	n, give residence before 13c. CITY OR TOW Baltimore		13d. INSIDE CITY LIMITS? YES X NO	130. STREE	T ADDRESS	cory			212	
50	4 FA	THER'S NAME FIRST Alfred But	mpole cher	LAST		15 MOTHER'S MAIDEN NA.		MIDDLE			LA:	ST	
	{YI	AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GIV CS	RMED FORCES? /E WAR OR DATES)	21.9 38 51		17 INFORMANT Carol Butche	er	1171	RESS ame				
	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)		NCE OF	TE ON INSETTION		S E OR CO		GIVEN I	V PART 1	01	
1	CERTIFICATION	DLCO 110L 190 DATE OF OPERATION 8/29/79	-	DISEASE DITION FOR WHICH AK AMPUTAT	OPERATIO		20a AU	TOPSY?				NGS USED	TH?
/ 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF CAUSE ONDE	ATH HOUR A	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER	NATURE OF IN	JURY IN ITEM	18, PART 1	OR PART 2)		
	MEDICAL	WHILE AT WORK TO AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC.)	2) LOCATION		CITY OR TO	OWN	С	OUNTY	ST	TATE
		22a.l certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	n	19_	, on	d that in (my) (our) apinion	, to death accur	red on the	date and I	, 19_3 hour ond		that (I) (s	,
		226. SIGNATURE Orall	Way	N		ATTENDING PHYSICIAN	MEDICA DIRECTO	L ST.	AFF ICIAD		Q 7	SIGNED 79	
		220. PHYSICIAN'S NAME (TYPE OF	A W	0		22e ADDRESS	w.EW	1403	P.				
2	(SI	URIAL, CREMATION, REMOVAL PECIFY)				emetery or crematory asant Cemeter	CITY	cation for town	Carr	oll	Čo	Md.	ATE
2		NERAL DIRECTOR NAME LITER FUNCTION				25a. DAT	E REC'D. BY			STRAR	MU	BRE ready	N.

(M)

mioro irrenev rominos

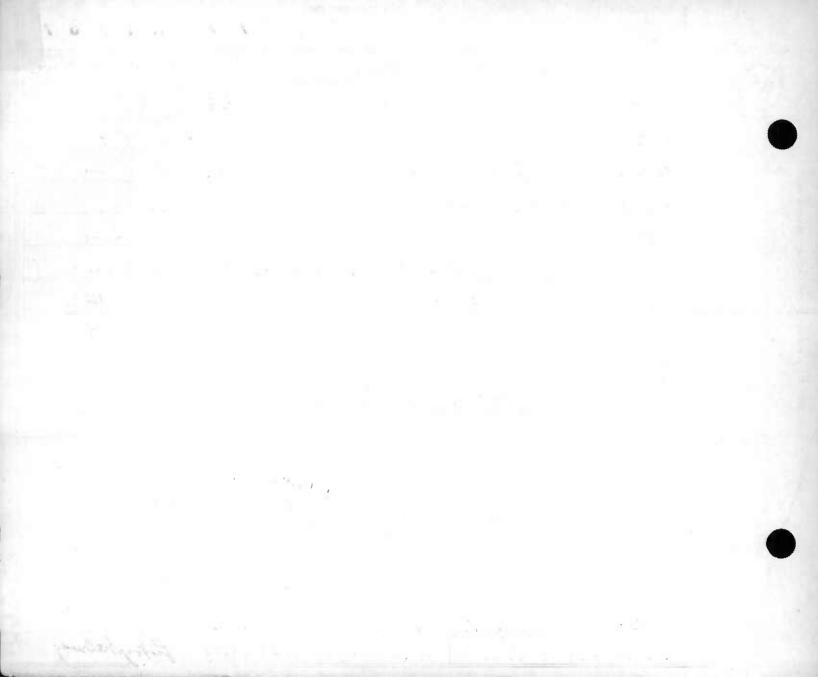
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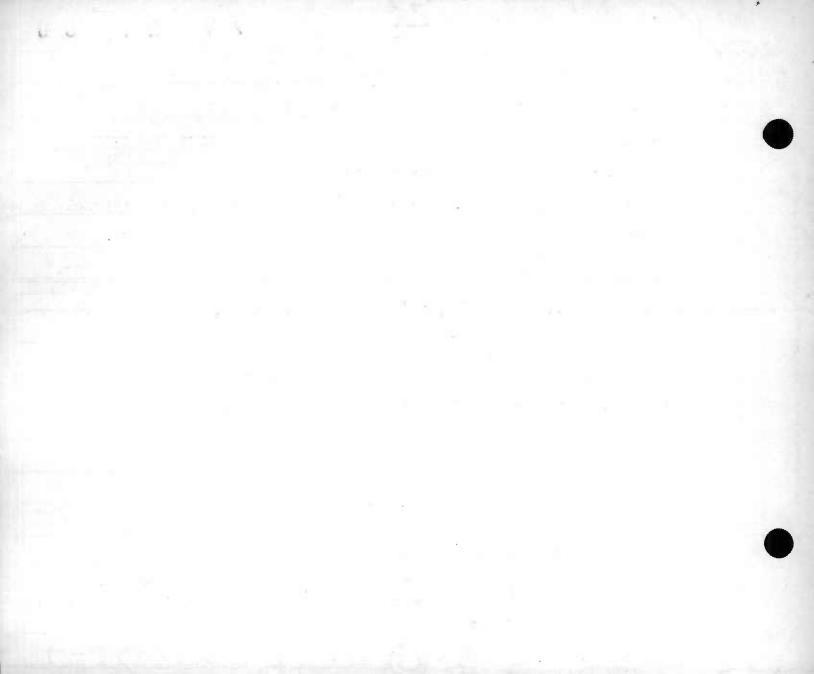
Witnesdell address of the con-

			1	FOR STATE			DEPARTA		E OF MARYLAND EALTH AND MENTA	AL HYGIEN	NE"/ G	2 1	17.7	6
				REGISTRAR					ICATE OF DEATH		REG. NO.	Sing .		
	ကဌ		(TYPE	CEASED NAME OR PRINTI	FIRST	-	MIDDLE		AST		DATE OF DEATH MON	TH DAY		b. HOUR
2.	age				HUR		В	UTLE			SEPTEMBER	27,	1979	7:15pr
30p 4 m	1100	1	3 SE	M	ľ	RACE B		S DATE C	10° 13'EA	AR	AGE (IN YEARS LAST BIRTHDAY)	YRS.		FUNDER 24 HRS
	a do	33	7a. BI	RTHPLACE (STATE OR FO DUNTRY) Md.	REIGN 7	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIE		BALTIMORE CITY OR CO	OUNTY OF		MD
201	by the fulled within	33	1	OR TOWN OF DEA		THE	JOHNS	G HOME CADDRESS) HOPK	INS HOSP	ON 12	Re. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR		126. KIND OF I	THE.
AND 21:	filled in uld be fi	35	USU/ 13a S	TATE Md.	NG HOME OR O 13b. COUNT	THER INSTITUTION, Y	GIVE RESIDENCE BEFORE Balto.	ADMISSION) N	138 INSIDE CITY LIM	AITS? 13	• 967 ^McAleer	Ct.		
Y . with	sho		14. FA	THER'S NAME		DDLE	LAST		15. MOTHER'S MAIDE	EN NAME				
MAI	mple nd 2			John	· ·		utler		Viola		WIDDLE	F	Butler	
RE,	d com	1	16a W	AS DECEASED EVER	N U.S. ARM	ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
ALTIMO	ysician and pers. Pages oval.		(1	ES, NO OR UNKNOWN)	(# 1ES, GIVE W	FAR OR DATES	216-12-6	5499	Shirley	Butle	er 2439	Perri	ng Man	or Rd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120. DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.	n signed by the att hen please remove to burial, crematic		NO	Canditions, if any, gave rise to imm couse (a), stating underlying cause	ediote the last	(b)	R AS A CONSEQUE	ACC OF			AL DISEASE OR CONDITION			uus
AL RECO	ste has bee permit. Ti giene prior	9	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED		200 AUTOPSY? 200.	IF YES, W CERTIFYIN YES	ERE FINDING G CAUSES OF	S USED F DEATH?
OFVIT	physician. is certificat rial-transit p fental Hygi or Item 18	9		216 ACCIDENT WAS UNDE OR CONTRIBUTING CO	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJURY IN IT	EM 18, PART 1	OR PART 2)	
NOISION PHA SNIO	G 755 B		MEDICAL	214 INJURY OCCURRI	LE C	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
ATTEN	ECTOR: for use as of Heal			17s t certify that (I) ; saw the decrease above, (I) (****)	d alive on_	9/27/7	y 10	211	d that in (my) (a) ap	pinion dea	to 9/27/19 th occurred on the date or	19_ nd hour an		ot (I) (me) last uses stated
PITALCE	by the hospin ERAL DIREC e detached for State Dept. of ANT: If Item			22d. PHYSICIAN'S NA	EUC	MO) .	(ATTENDI PHYSICI		MEDICAL STAFF DIRECTOR PHYSICIAN	Ø	22c. DATE SIC	1/79
TO HOS	retained by the TO FUNERAL should be detac with the State I	1		R.C.	LEUT	IT ME			JOHNS I	-	ans Hospi	TAL		
002	BP		(5	URIAL, CREMATION, R PECIFY) Burial	EMOVAL	236. DATE 10/2/7			lvary Cem.		23d LOCATION CITY OF TOWN Anne Arund	el Co	Md.	STAJE
	DHMH-16 25 (VRA 15, 4) 1,	M		weral director was C March	F/H	1	101 E. No	orth A	200	OCT	2 1979		A	ely

serrament 27, toys 7: Con



DIVISION OF VITAL RECORDS,



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, g should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1	REGISTRAR			CERTIF	ICATE OF	DEATH	REG.	NO.			
	CEASED NAME OR PRINT)	Marie	WIDDLE	Byr	d d		September	er 3,	1979	7:44x	
3 SE	× MALL		RACE	S. DATE O	F BIRTH	d's	6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
70 BI	RTHPLACE (STATE OR OUNTRY)	VA 78	CITIZEN OF WHAT COUNTRY	? 8 MARRIEI WIDOWE		R MARRIED	Baltimorecity Baltimo:	_	OF DEATH	MD.	
10. C	301 MM	636	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE The Johns Ho	ET ADDRESS)			120 USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR	
USU, 13a. S		13b COUNT	THER INSTITUTION, GIVE RESIDENCE BEFO Y 13 CITY OR TO	WN 1	13d INSIDE	CITY LIMITS?	130 STREET ADDRESS	ican	ck.		
A. E.	1 ABSTA AV	e Rz	DOMENTS LAST		15 MOTHE	R'S MAIDEN NA	lal in mig	NOU	6 LAS		
16a V	VAS DECEASED EVE	(IF YES, GIVE W	UD OD DARFOL	3617 6	17 INFORM	ALI BA	ywy 1106	WESS	rs CF	1	
	18 CAUSE OF DEA PART I. DEATH V			Cara	lac	Arro	S		APPROX BETWEEN	ONSET AND DEATH	
	Conditions, if any		DUE TO, OR AS A CONSEO	UENCE OF	nah	intrific		Chronic			
	gave rise to in cause (0), stati	ng the	DUE TO, OR AS A CONSEO	UENCE OF	EPS	S			Ch	MONIC	
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
CERTIFICATION	7/3/	173/179 196 CONDITION FOR WHICH			M WAS PER) leg	200. AUTOPSY? YES NOW YES YES YES YES TO SEE FIND IN CERTIFYING CAUSES YES TO SEE THE PROPERTY OF THE PROPERT				
	210. ACCIDENT WAS UP OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	žic HOW	INJURY OCCURE	RED (ENTER NATURE OF IN	IURY IN ITEM 18, PA	RT 1 OR PART 2)		
MEDICAL	21d INJURY OCCUP	VHILE [21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOCA STRE		CITY OR T	own .	COUNTY	STATE	
	22a I certify thou (this hospital) attended the deceased from saw the deceased alive an saw the deceased alive an 19 , and that in min (aur) opinion death occurred on the date and hour and from the causes stated above 19 (we) (did) (did not) view the body after death.										
	22b. SIGN TURE	1	, Mogran	\	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	22c. DATE	SIGNED 79	
	22d. PHYSICIAN'S N	IAME (TYPE OR	MAS SAN	7	22e ADDR	has Aup	kins (\$250	H. F	Belf. o	rel.	

DHMH - 16 50M 1/76

(VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL

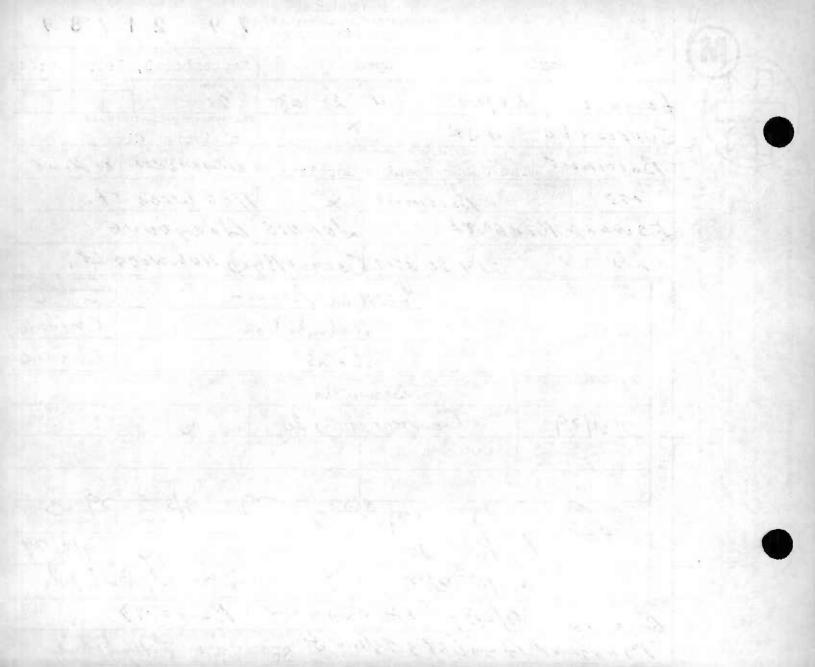
FOR

Cold

231. NAME OF CEMETERY OR CREMATORY

23d. LOGATION

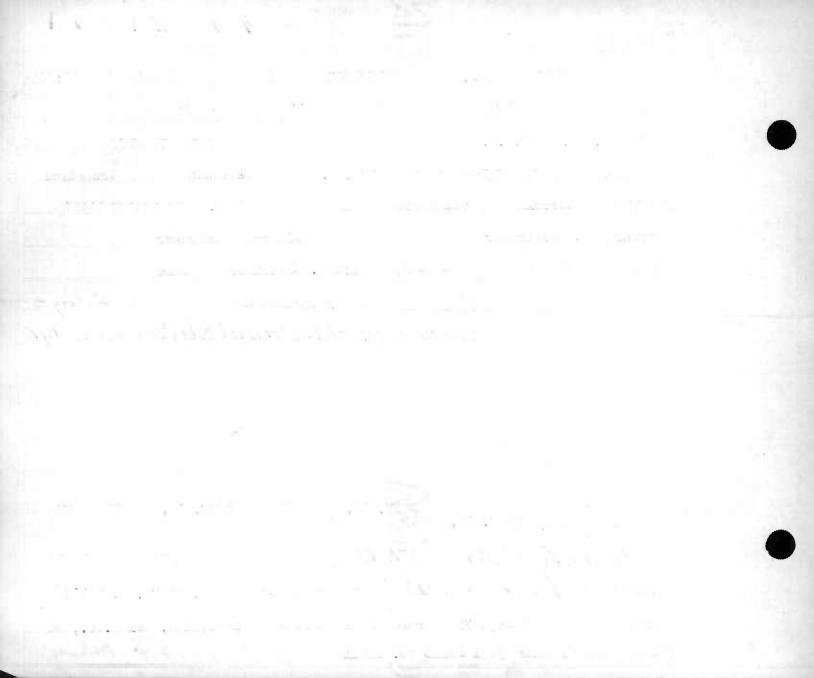
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	REGISTRAR		ME		EXAMINE	C'S CERTII	FICATEO	F DEATH	REG. NO.			
	PECEASED NA			MIDDLE				OF	KNOWN X		DAY YEA	
		Eli		L.	6. AGE (IN YEARS	Cag1			H MATED [9 MONTH	4 19 7	/V\
	follo	4 RACE	5. DATE OF BIRTH	YEAR 13	LAST BIRTHDAY)	MONTHS DAYS		MIN PRONO	UNCED	9	4 197	9.00
B	Male BIRTHPLACE	White	7b. CITIZEN OF W					PALT	IMORE CITY OF			
	FOREIGN COUNT	Carolina	USA			MARRIED X	DIVORC		Baltim	ore	City	AAD
		N OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (T					UPATION (TYPE				
	Balti	imore			d Avenue	2		Retire	ORKING LIFE)		OK INDO	JSIKT
	JAL RESIDEN	CE (IF IN NURSI	OR OTHER INSTITUTION, G		E BEFORE ADMISSION	laad, INSI	DE CITY LIMITS?	13e STREET ADD	RESS			
	Marylar			Balt	imore	YES	NO 🗆	13 STREET ADD	oland Av	re.		
14	FATHER'S NA Eli L.	ME Cagle,	Sr.		LAST		THER'S MAIDE FIRST	N NAME	WIDDIE	P	edigo	
16a	WAS DECEA	SED EVER IN U.S.	ARMED FORCES?		CIAL SECURITY N		DRMANT	1 1 000	ADDRESS			4 7
	No			532-	-18-7584	Mrs	. Igler	nart 400	3 Roland	1 Ave		
	18. CAUSI	E OF DEATH (Enter	anly ane cause per line			-					BETWEEN O	NATE INTERVAL '
	113	1/40 A IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease										-
	Conditions, if ony, which											
-	gove	rise to immedia	ate (b)	AS A COL	NSEQUENCE OF							
		cause last.	. 000 10, 01	, AO A CO.	TOE GOETTEE OF							
	<u>.y.n.g</u>		(0)									
		R SIGNIFICANT CONDITIO	(c)	BUT NOT REL	ATED TO THE TERMINA	1 DISEASE OR COND	ITION GIVEN IN PA	RT 1 : a .				
NO	PART 2 DINE		(c)		ATED TO THE TERMINA	1 DISEASE OR COND	ITION GIVEN IN PA	RT 1 · g .	¢			
CATION	PART 2 DINE		uberculos:	s	ATED TO THE TERMINA			RT 1 (a).	ć		20. AUTOF	PSY?
PTIEICATION	PART 2 DINE	onary Ti	uberculos:	I S ITION FOR		ION WAS PERF	ORMED?		c		YES 5	
CEDTIEICATION	PART 2 DINE Ful 190. DATE	OF OPERATION RNAL CAUSE WAS	is time of Hour A.A	I S ITION FOR	WHICH OPERAT	ION WAS PERF	ORMED?	RT 1 a).	C INJURY IN ITEM 18 P.	ART I OR PA	YES 5	
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	PART 2 DINE FULT 190. DATE 210. EXTER UNDERLY CONTRIBL 21d. INJUR WHILE AT WORK 220. 1 c	OF OPERATION RNAL CAUSE WAS ING OR OR OTHER CAUSE OF OCCURRED ON WHILE AT WORK ertify that I took chi	196. COND 216. TIME O HOUR A.M. DE DEATH P.M. 21c. PLACE STREET, FAC	F INJURY A. MONTH A. OF INJURY scribed ob-	WHICH OPERAT H DAY YEAR 19 Y (ATHOME, ETC.)	21¢ HOW INJU 21f. LOCATION STREET	ORMED?	CITY OR	town		YES (2 NO П
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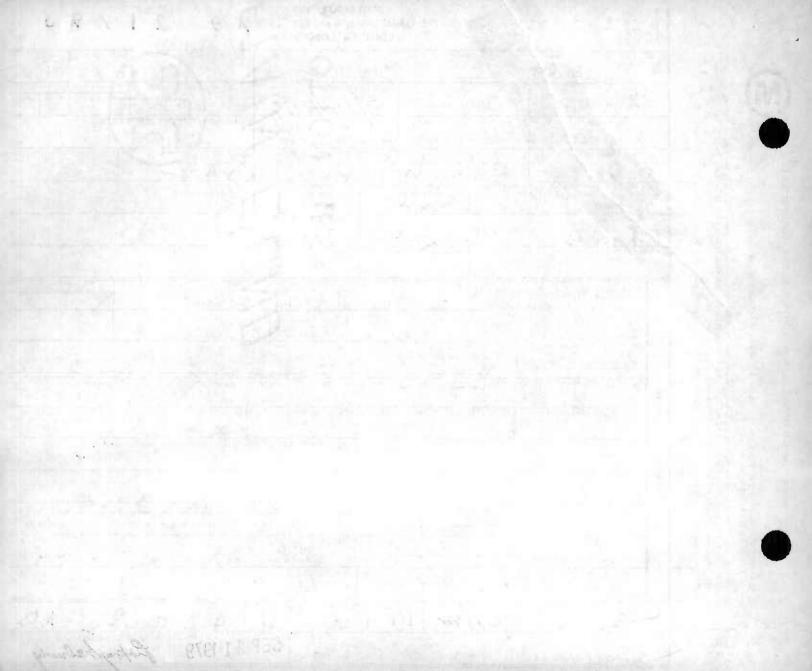
DIVISION OF VITAL RECORDS,



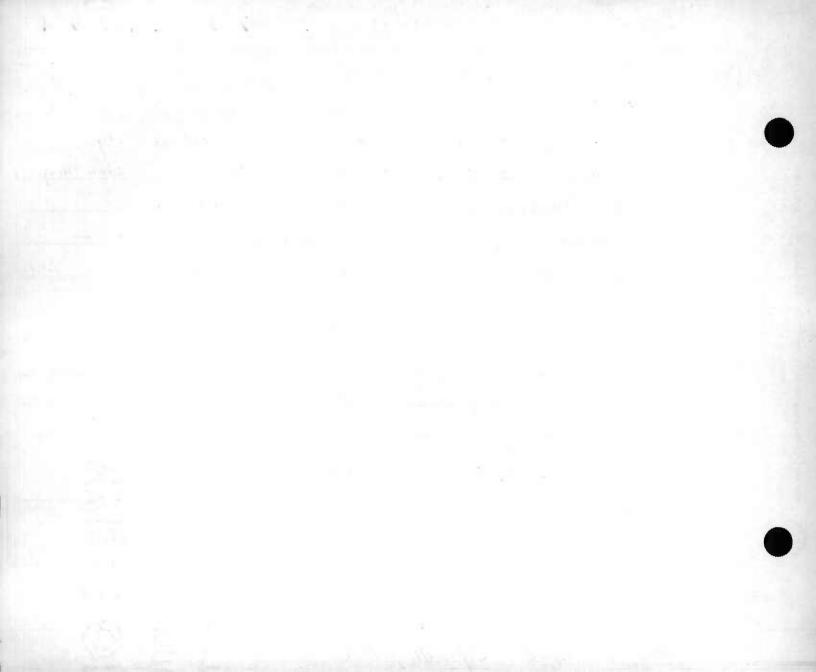
+ +	1.	tem 1 g535 9/20/79 gj STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIPNE 9 2 1 / 9 2 STATE CERTIFICATE OF DEATH REG. NO.
Portion of the december of the	1. DE (TYP	CEASED NAME Khristian MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR 3 AM AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY HOURS MIN.
er death. Po	(IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 10 NEVER MARRIED 11 NEVER MARRIED 12 NEVER MARRIED 11 NEVER MA
= \$ fo \$57	_	AL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESPORE ADMISSION) STATE 136, STREET ADDRESS, (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORK FOR M
MARYLAND 2120 ed within 24 haurs mpletely filled in by and 2 shauld be fille		Md. Ralto YES NO 2316 N. Longwood ST. ATHERS NAME Donald Middle Little Kathy Middle Campbell
be execut on and co		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) NONE DONALD LITTLE 2316 N. Lungwood ST.
, 201 W. PRESTON ST., res that the death certific med by the attending ph pleose remave carbonp virial, cremotian, or remay, ar ather traumatic ever y, ar ather traumatic ever	7	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THAT TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requirentending physician. The this certificate has been signs the burial-transit permit. There the and Mental Hygiene prior to be acked or Item 18 shows any injur	CAL CERTIFICATION	199, DATE OF OPERATION 396 CONDITION FOR WHICH OPERATION WAS PERFORMED 280, AUJOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING PART 1 OR PART 2) (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
ATTENDI or spital or spital or spital or spital or spital or use af Heol	MEDICAL	21d. INJURY OCCURRED WATHLE AT WORK AT WORK 1.2 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a. I certify that (1) (this hospital) attended the deceased from 19 , to 19 , that (1) (we) lost sow the deceased alive on above, (1) (we) (did) (did not) view the bady after death.
HOSPITAL OR inted by the he FUNERAL DIRE ould be detecthe he the Stote Deposite that the stote Dep		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D 226. PHYSICIAN'S NAME (TYPE OR PRINT) The CARNER PHYSICIAN STAFF PHYSICIAN'S NAME (TYPE OR PRINT) PROPRESS PROPRE
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23a.	BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CULY OR TOWN COUNTY BALLOCATION COUNTY BALL
DHMH - 16 50M 1/76 (VR A 15 (4))	1	WINERAL DIRECTOR SONS ADDRESS ADDRES

51. 1 1919 Perspery Statement

	1,	FOR - STATE	DEPA	STATE OF A	AND MENTAL HY	siĝit 9	217	9 3
		REGISTRAR	6	CERTIFICAT	E OF DEATH	REG. N	O.	
25		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	10.11000
de d		LENOY		CAMPB		0	717 7	9 85 (AM)
	3 SE	male	Black	5. DATE OF BIRT	6 //877	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA	
in 72 hou	7a. B	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED W	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	MD
the dwith	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	SING HOME OR OTH		120. USUAL OCCUPATION OF COMMON OF C		D OF BUSINESS OR
212C	USU 13a S	AL RESIDENCE (IF NURSING HOME OF	DR OTHER INSTITUTION, GIVE RESIDENCE BI INTY 134 CHY OR T	DANN 1139 IL	NSIDE CITY LIMITS?	13e. STREET ADDRESS		1 8 8
LAN Lin 2 shou	11.5	N/SI.	- ANA	YES				
MARYLAND ed within 24 mpletely fillec ond 2 should exominer mus	(A F)	ATHER'S NAME FIRST	MIDDLE Cam of	ell 15 M	OTHER'S MAIDEN NA	MIDDLE		LAST
BALTIMORE, cote be execut to the been execut to appears. Pages 1 and cote to the true true to the true true true true true true true tru		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	RMED FORCES? 166 SOCIALS	ECURITY NO. 17. IN	FORMANT	ADDRE	ESS	
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low r	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS	S PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		
DING PHYSICIAN: Or offending physicians or other this certificate os the buriel-trons oith and Mental Hygmarked or them 18 st	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	19 21f. L ICE, FARM, ETC.)	OCATION STREET	CITY OR TOV	VN COUNTY	STATE
Ol		220 I certify that (I) (this haspi sow the deceased alive on	pital) attended the deceosed fro	200	19 77		7/2, 19 77	_, that (I) (we) lost
REC REC			ot) view the body ofter death.	DEGRE	E	deoth occurred on the de	22c. DA	ATE SIGNED
, <u>c</u> , <u>o</u> , <u>-</u>		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	226	ATTENDING PHYSICIAN [ADDRESS	MEDICAL STAI	FIAN 9/	117175
O HOSPITAL etoined by to FUNERAL should be der with the Stott		SANORA	4 mwars	D6N	RCI			
0000 BP	230	EURIAL CREMATION, REMOVAL	1 23h DAFE 9/2/199 2	NAME OF COMETE	AY OR CREMATORY	23d. LOCATION CAY OR TOWN	Consum	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FU	UNERAL DIRECTOR NAME STANLES WORLD	Marshal T	mes Fineral	Home SE	P 2 1 1979	25b. REGISTRAR'S STEE	ATURE Creoles



	1			STATE OF MARYLAND			
	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 9	2179	4
THE		CEASED NAME FIRST E OR PRINT) MAGRUDA	HOOD	CARLYLE		MONTH DAY YEAR 26. HO	OUR
ector, po	3. SE	Female	(White	S DATE OF BIRTH MONTH DAY YEAR MARCH 28 1917	6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YEAR IF UNE MONTHS DAYS HOUR	DER 24 HRS
funeral direct		IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR		BALTIMORE CITY C	R COUNTY OF DEATH	,
by the filed w	16	AHIMORE	OF NOT IN SUCH FACILITY, GIVE STR	Hospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		INESS C
filled in nould be	13a	AL RESIDENCE (IF NURSING HOME O STATE Md. 131 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF INTY 136. CITY OR TO ERROLL SYKES		13. STREET ADDRESS	mn St.	
completely 1 and 2 sh	14. F.	ATHER'S NAME FIRST HEARY	MIDDLE LAST	15. MOTHER'S MAIDEN NA FRST EAR L	MIDDLE	Knoth	
rion and co		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SE 219 36	CURITY NO. 17 INFORMANT	ADDRE RE		Me
n signed by the attendin Then please remove corb r to burial, cremation, or i injury, or other traumatic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEG	nery alteroscles	NINAL DISEASE OR CON	DITION GIVEN IN PART 1101	
te has been nsit permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO	ATH?
orrenaing physician. Fer this certificate has site burial-transit per and Mental Hygiene rked ar Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJUI	IY IN ITEM 18, PART 1 OR PART 2)	
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for us of He 21 is		sow the deceased alive an	ot) view the body after death.	79 and that in (my) (our) opinion	death accurred on the de	19, that (II	stoted
d by the haspital NERAL DIRECTOR. be detached for us the State Dept of He TANT: If hem 21 is		27b. SIGNATURE Grellean	m & Decler	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	PER IAN DATE SIGNE	79
TO FUNERAL D should be detac with the State D MAPORTANT: IF		22d. PHYSICIAN'S NAME (TYPE O	- //	220 ADDRESS ST AGA	es Host	POTAL	
F 3 3 5	L (BURIAL, CREMATION, REMOVAL	23b. DATE 23c	ENTROUSE MEM GREMATORY	23d. LOCATION CITY OF TOWN	bur (assell 1	STATE M
DHMH-16 20M (VRA 15, 4) 7/78	24. F	NAME W. Have	ht Sixoness	11. Md 250. DATI	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE	

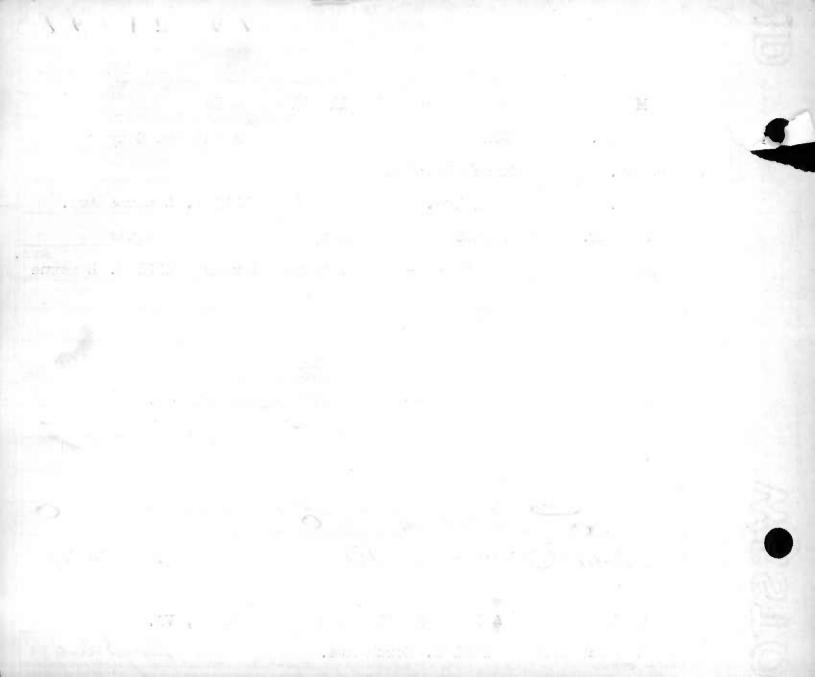


						STATE OF MARYLAND		
			1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MEN		1795
216			·	REGISTRAR		CERTIFICATE OF DEA	REG, NO.	
6	10		I. DE	CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOURS
W	A) # 5			Balon	611	Chil	9	4 79 G AM
Car	X 11		3 SE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	4 to The				5	7. 3	79 = / YR	
-	100	5	C	DUNTRYL	LO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARI	9 BALTIMORE CITY OR COUN	ITY OF DEATH
	nero in 72	279	ma	arylands 4,	->USA	WIDOWED DIVOR	1/3 4/ 1/	we City MD.
	day day	Bar Car	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN		TIÓN 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR
5	by the	\$ 5 Y		0	University 1,	Markend	Hospited N/E	NIA
212	0 5 0	st pe	USU 13a. S	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) N	IMITS? 113e SPREET ADDRESS	
ARYLAND	hin 24 h	ts 5	ma	arydona?	13 CITY OR TOW Baltimo	re YES NO	- IZOO3 T 1	t St.
3 LA	+ 0 01	o no	14. F/	THER'S NAME FIRST M	IDDLE LAST	IS. MOTHER'S MA	AIDEN NAME MIDDLE	TZAI
MAR	complet	3/10		Vinctor	Sherrod		Y WIA	CAPR
AE,	xecut nd co	medical		VAS DECEASED EVER IN U.S. ARA		RITY NO. 17. INFORMANT	ADDRESS	
BALTIMORE	0 0 0	E /		NO	NIA			
ALT	0 00-	the 'the		18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	physic napape	event, th		PART I. DEATH WAS CAUSED	CAUSE (0) Cavalac	arrest	-	
IS N	0	atice		719-	DUE TO, OR AS A CONSEQUE		*	
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8	ow rec	ony ii	CAT	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORME		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
AL R	he la has	Mentol Hygiene or Item 18 shows	TIE	0		0	YES NO	YES NO
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ō	g pl	He m	CAL	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19	0	
Ö	PHYS endin		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
N N	のきる中	morked	2	AT WORK AT WORK	5	ARM, EIC.)		
_	fol or or use or use or	is mort		22a.1 certify that (1) (this hospital	all attended the deceased from_	9/3 1	979,10 9/4	, 19 7 9, that (I) (we) lost
4	R ATTEN hospital	21 ;		sow the deceased alive on above, (1) (we) (did) (did not	view the body after death	7.9°, and that in (my) (our	opinion deoth occurred on the date and	nour and from the causes stated
	OR A he hos DIREC	Hem Hem		226 SIGNATURE	· · · · · · · · · · · · · · · · · · ·	DEGREE		224. DATE SIGNED
	Y the	ANT: If He	-	Leukers	m Colutel		NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN G	
	SPIT d by NER be o	AN		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS	111	1 11
	TO HOSPITAL retained by the TO FUNERAL (should be detailed)	MITH THE STOT		KATHER	INE C. WHI	TEM. D. U.	niverity of Mary	and Hosp.
1 -	Da Da	3 ₹	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREA	MATORY 23d LOCATION	COUNTY
1608	BP		1		9/6/79		CHIORIOWN	COUNT: SIAIL
	DHMH - 16 25	м	24. F	JNERAL DIRECTOR			250. DATE RECID. BY REGISTRAR 256 REG	which has a Client III
	(VR A 15	(4)) 9/74		natomy Board		Md.	051 1 1 13/3	Treedy
1608	BP	м	24. F	Remova 1 JNERAL DIRECTOR NAME	9/6/79 ADDRESS		CITY OR TOWN	COUNTY STATE
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	Har a real		Paso Livrois

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME 2b HOUR 20 DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-12 19 79 9 T. Larry Carr 5:30 SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 8 18 50 29 DEAD Male Black. AM 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Md. Baltimore City, DIVORCED USUAL OCCUPATION (TYPE OF WORK D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore Union Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1522 E. 28th St. Balto. 13d. INSIDE CITY LIMITS? 30. STATE 13b. COUNTY Md. YES X NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE MIDDLE Tillery Frances Carr Johnny 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO WITH FOR YES, NO, OR UNKNOWN) LIE VES GIVE WAR OR DATES 1522 E. 28th St. Letha Tillery No NA APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Neck DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, YES DO E DEPARTMENT OF PRIOR TO BURIAL NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING OR MEDICAL 12:51 P.M 4 19 79 Subject shot CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 345 E. 22nd St. & Barclay, Baltimore City, MD street Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide X Accident Undetermined monner death resulted fram: Notural causes SHOULD B TITLE (SPECIFY) EXECUTE PAGE 4 SHU.
TO FUNERAL DIVATER DEATH, WATTER ACTUAL Assistant MEDICAL EXAMINER 9/12/79 SIGNATURE Virginia L. Dolan, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23(, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE Anne Arundel Co., Md. Mt. Calvary Cem. Burial BP 24 FUNERAL DIRECTOR **DHMH-17** IIO1 E. North Ave. VR A15 ME (5)) Wm C March F/H 15M 7/76

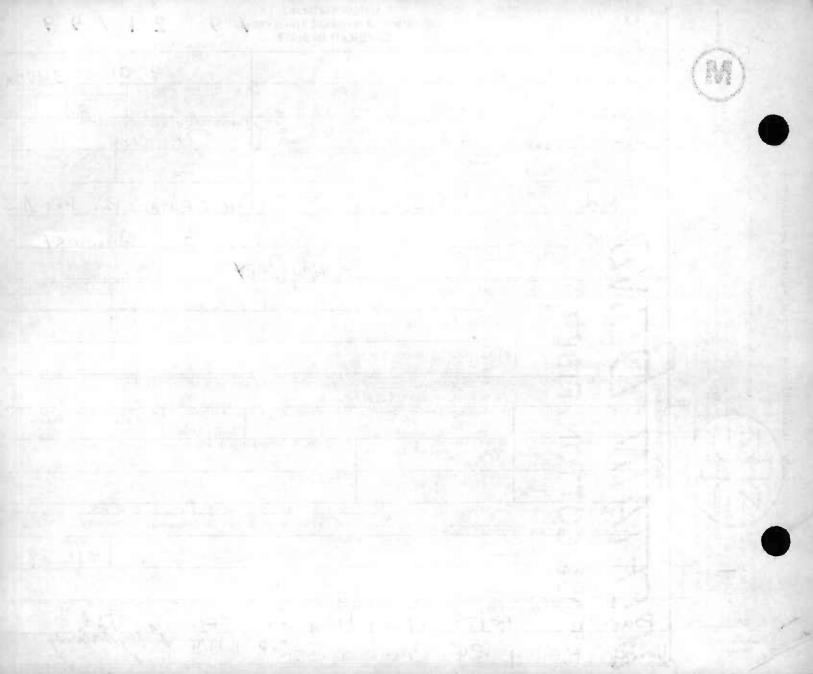
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (FOR STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20 DATE KNOWN (TYPE OR PRINT) ESTI-XX J. 19 79 William, Carter DEATH MATED X 9 25 IF UNDER 24 HRS DATE 2d HOUR 9/22/07 LAST BIRTHDAY PRONOUNCED 10:27 Male White DEAD b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 7. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Baltimore City, DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Reffired Social Security Admin. Baltimore 3 E. 27th Street USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY Maryland Baltimore YESX NO [] East 27th 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Carter Sophia Schweikert 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 214-14-4148 Helen C Huybrechts Falls Village, Conn 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH Acute Subdural Hematoma PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? Head Only BURIAL YES IN NO [3 SHOULD BE DEPARTMENT 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 24 1979 Subject fell PRIOR 21e. PLACE OF INJURY (AT HOME 21f LOCATION 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WALLINGS ADGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE NOT WHILE home 27th St., Baltimore Md. Univ Head 220. I certify that I taak charge of the remains described above, held an Autopsy Suicide Homicide Undetermined manner Natural causes Accident TITLE (SPECIFY) 9/26/79 Assistant MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23¢, NAME OF CEMETERY OR CREMATORY Baltimore, Maryland Cremation Greenmount 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REDISTRAR'S SIGNATURE DHMH - 17 Eighty McGready Leonard J Ruck Inc. Baltimore, Maryland VR A15 ME (5)) 15M 7/76

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	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		1 / 4 9
M		CEASED NAME FIRST	A L	CARY	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 9:40 Dm
oge Frech	3. SE	x Female 11.	BLACK	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 FRS MONTHS DAYS HOURS MIN
death. Po	p	OUNTRY) MARYUMO	U.S.A.	MARRIED NEVER MARRIED	Belto. C	NTY OF DEATH AD.
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BALTIMORE, MARYLAND 2120's cote be executed within 24 hours system ond completely filled in by opers. Pages 1 and 2 should be filled vol.	130. 5	AL RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFOR	N 13d INSIDE CITY LIMI	1905 EYTAU	JPL. APT A-2
E, MARYL uted with completely 1 and 2 s		ATHER SNAME MIDDLE AND Y	CAR	15. MOTHER'S MAIDE	N NAME MIDDLE	GARDNER
TIMORE,	16a V	NAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WAR	FORCES? 166 SOCIAL SECU	RANCY (ADDRESS ADDRESS	
RECORDS, 201 W. PRESTON ST., BAI low requires that the death certificate so been signed by the attending physici remit. Then please remove carban paper re prior to burial, cremotion, ar remavol.		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last		ence of	willing of to brownshap	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TAL RECC The low ricion. The how ricion. The hos bee sit permits sit permits shows any	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
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ATTENDIN ospital or o ECTOR: Aft of for use as t of Health m 21 is mar		220.1 certify that (1) (this hospital) of sow the deceased alive on above, (1) (we) (did) (did not) vie	9// 19		nion death occurred on the date and	
TAL OR A by the hoo by the hoo detoched detoched tote Dept		226. SIGNATURE	<u>k</u>	DEGREE ATTENDI PHYSICI	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	226. DATE SIGNED
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DHMH - 16 50M 1/76 (VR A 15 (4))	24 FU	UNERAL DIRECTOR	1210 ADDRESS O	S-S	DATE REC'D. BY REGISTRAR	this y see Brainly



1		FOR - STATE REGISTRAR		MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		3 0	0
: (M)		CEASED NAME FIRST	MIDDLE	0	4usey		MONTH DA	Y YEAR 2	HOUR PA
ctor s of	3 SE	×	4 RACE Wh. te	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT	MC		IF UNDER 24 HRS
nerol dire	7a B	IRTHPLACE (STATE OR FOREIGN VIRGINIA)	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY O	YRS.	OF DEATH	MI
by the furtilled with	13	It or town of DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET UNIV OF ME	1400PESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOUSEWIFE		126 KIND OF INDUSTRY AT HON	BUSINESS OR
y filled in should be	130 3	Md 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 136. CITY OR TOV	VN	138 INSIDE CITY LIMITS?	13e STREET ADDRESS	Hapel	54.	
ond 2.		1-//	BEALES LAST		- / - /	ETHEL GATES		LAST	
on ond co	41	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECULAR OR DATES) 215 /16 /6		IT INFORMANT	RTEZZA 3206		TR. RD.	· M.
that the death certiful by the attending phease remove corbanp of cremation, or remore rother traumatic even		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	telage	namous cell (of body	wek.		
equires n signed Then pl r to buri injury, q	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	nal disease or con	DITION GIVEN	IN PART 110	
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HYSICIAN: T dring physici iis certificate buriol-fronsi Mental Hyg or frem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	I 1 OR PART 2)	
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ATTEND ospitol o cCTOR: 4 d for use n 21 is m		sow the deceosed olive or obove, (1) (we) (did) (did no	n	79 . on	d that in (my) (our) opinion o	eoth occurred on the do	ote and hour o		ot (1) (we) lost ouses stoted
HOSPITAL OR ned by the hor by the bold be detoched old be detoched in the Stote Dept ORTANT: If ther		22b. SIGNATURE Gerold	Scill us	(DEGREE ATTENDING PHYSICIAN	MEDICAL STAR DIRECTOR PHYSIC		9/8	SNED / 79
FUNE fld be the S		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR DIPPEL BROTHERS INC. 1899 E. LOMBARD ST.

9 12 1979

23b. DATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23d. LOCATION CITY OF TOWN BALTIMORE MARYLAND LAKE VIEW MEMORIAL 250 DATE REC'D. BY REGISTRAR 250 BEGISTRAR'S SCNATURE

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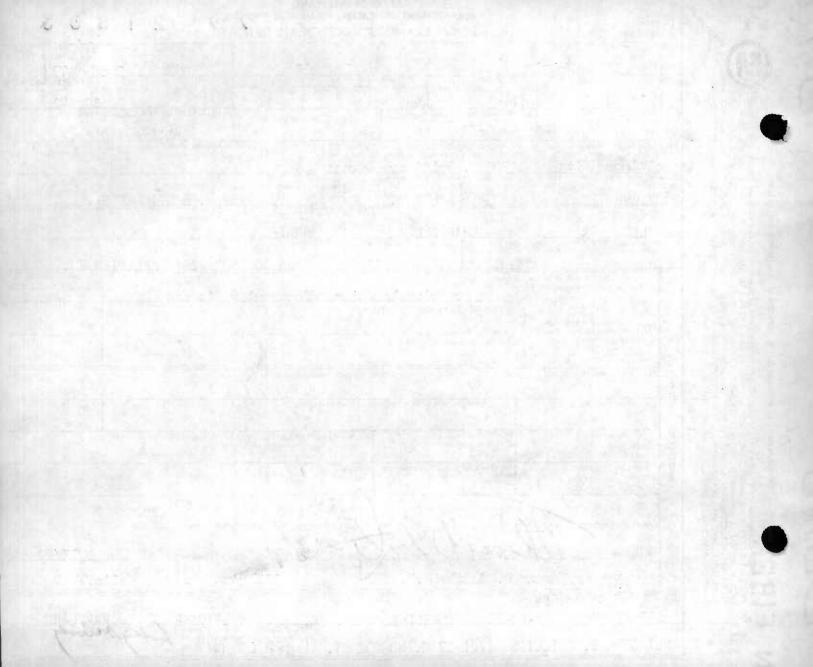
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1	STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	802
1.5		CEASED NAME FIRST ED.	ITH CAVANAUG	H	LAST	20. DATE OF DEATH MONTH 9- 29 -79	DAY YEAR 26 HOUR
od od od	3. SE	Female	A RACE Negro		OF BIRTH YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 90 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRII WIDOW	ED NEVER MARRIED DED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
100	10.0	Balto.	11. NAME OF HOSPITA	L, NURSING HOME GIVE STREET ADDRESS) nai Nursi	or other institution and Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OF
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Septine 1	14. F	William Butl	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	Annie	LAST
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ta buriol, cremotion, a njury, or ather troumat	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) CONDITIONS CONTRIBU	onsequence of ting to death bu	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
ows ony	CERTIFICATION	1% DATE OF OPER FION	19b. CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
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ZT: # He		77h SIGNAYORE	tout	_ 0		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
IMPORTANT		22d. PHYSICIAN'S NAME (TYPE C	ochran			ux HEIGHTS AL	13 21215
≤	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 10-2-79	Mt. Aut	CEMETERY OR CREMATORY OURN Cemetery	Baltimore, M	COUNTY STATE
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FOR

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REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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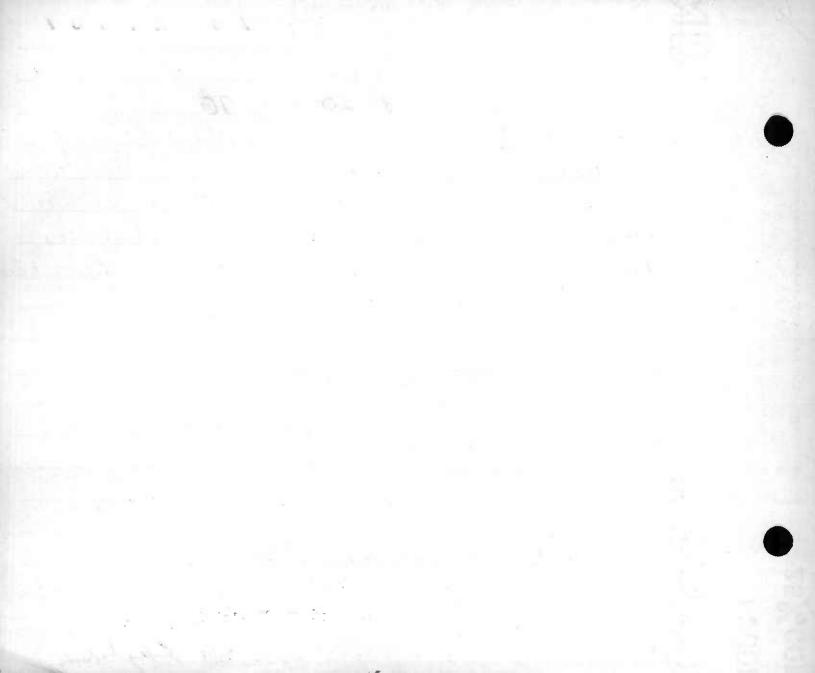
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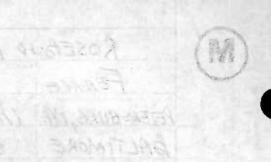
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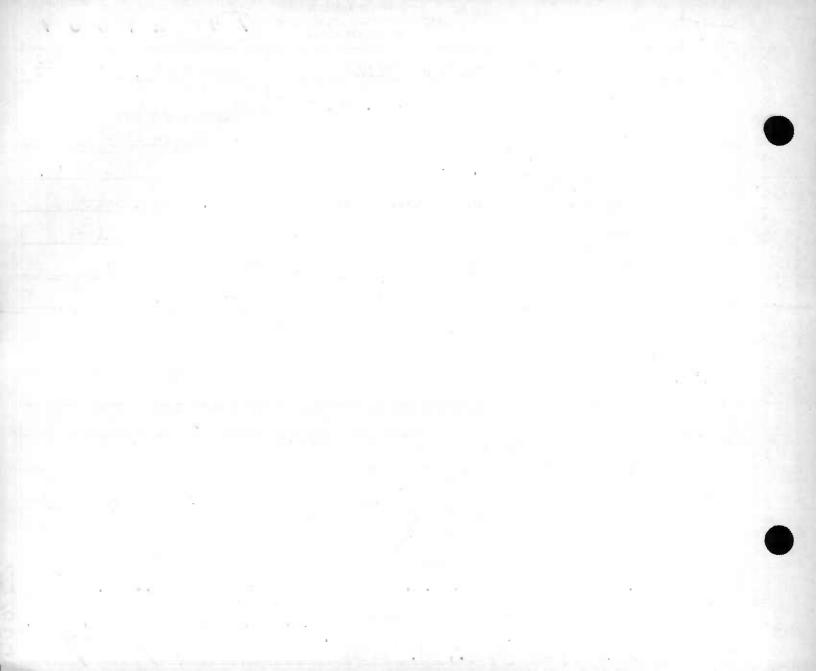






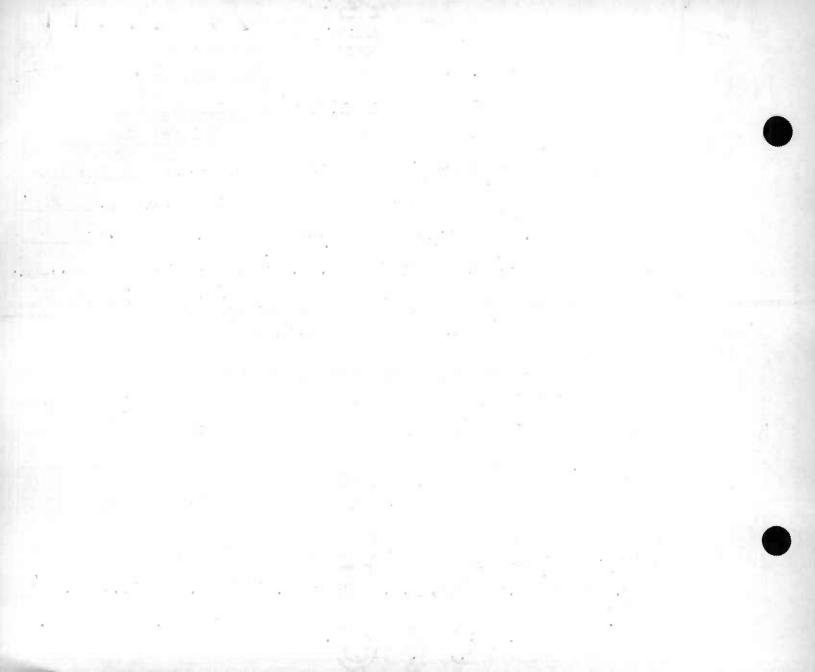
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E S FOR YOUR FILES. O, WITHIN 72 HOURS W, PRESTON STREET,	3 SEX		I. RACE	5 DATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHD	ARS IF UND		DER 24 HRS 2c.	DATE	HINOM	DAY YEAR	12: 30P
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20		FIRST	Inlenous	MIDDLE	LAST		FIRST		MIDDLE		LAST	
4	16g. V		Ink nown EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURIT	YNO.	17. INFORMANT	UII	known ADD	西9 2 St	. Paul	
1	(Y	ES, NO, OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)	055-03-35	05	Ma Mara	- 4 - M-T				
-			DE LEU S			95 1	Ms. Mag	gre MCI	ncosn	Bal	to. Md.	TE INTERVAL
300		PART I DE	ATH WAS CAUSED	BY.	far (a), (b), and (c).)	. 4.0 .			a •		BETWEEN ONS	ET AND DEATH
GENE		12	1MMEDIA1	r Cyopr (a)	rterioscler		cardiovas	scular	disease			
느누구		Condition	s, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF						
SURIAL-TRANSIT ND MENTAL HY N, OR REMOVAL		gave rise	e ta immediate	(b)								
OR REMOVAL		cause (a) lying caus	stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF						
		7.5		(c)					-			
		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION GIVEN I	N PART 1 (a).				
	CERTIFICATION											
7	3	190. DATE OF	OPERATION	19b CONDI	TION FOR WHICH OPE	RATION WA	AS PERFORMED?				20. AUTOPS	(;
1	E				100 100				7-1-		YES	NO X
2			L CAUSE WAS	21b. TIME OF	INJURY		W INJURY OCCU	RRED LENTER NAT	TURE OF INJURY IN ITEM	A 18 PART 1 OR PA	ART 2}	
-	13	UNDERLYING CONTRIBUTIN	G CAUSE OF							700		
	MEDICAL	21d. INJURY O			OF INJURY (AT HOME,	21f. LOC	ATION		CITY OR TOWN		OUNTY	STATE
	×	AT WORK	NOT WHILE] SIREEL, PAC		31			STATE OF THE STATE	CO	J. Carro	4.016
				a of the complete de-	sulbankana bali	Auto		ction X,	Inquiry .	and in my a	ninian	
				177	scribed abave, held an	Autapsy					amidit	
		death resulte	d fram: Natu	tal causes	Accident A. S	vicide	Hamicide L		mined manner L	_'·		
		ACTUAL	4	11 511	1 11/ 1	T	TITLE (SPECIFY			DATE	0 /7 d	1770
CE, N	-	SIGNATURE_	7	un voo	1 1 Min	W.	Deputy	CHIENEDIC	AL EXAMINER	SIGN	ED 9/18	119
BALTIMORE, MA		EXAMINER'S	NAME T	nomas D. S	Smith, M.D.		111	l Penn	St. Ba	lto.,	MD	
	-	(TYPE OR PRIN	41)			·	ADDRESS					
ò	23a.B		ION, REMOVAL		23c. NAME OF CE		RCREMATORY	23d. LOC CITY OR				STATE
	-	Buri		9/26/79	Scared H	eart	125- 04		ndalk	Bal EGISTRAR'S	to.	Md.
1)		UNERAL DIREC		ADDRESS			750. DA	ATE REC'D. BY R			SIGNATURE	nolig
1	Mi	cchell-	Viedefel	6500	York Rd.			UCIU	3 1979	6.40	/	1
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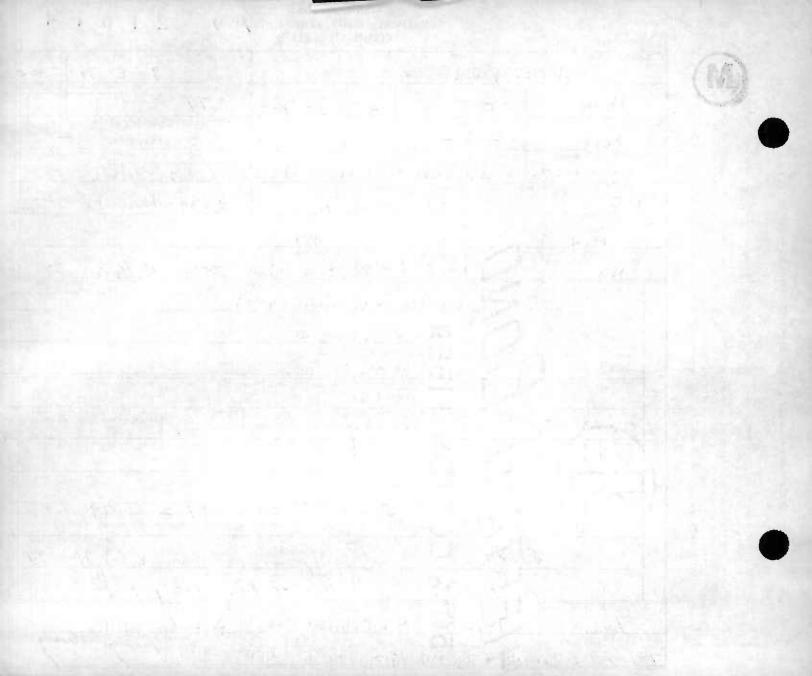


1			FOR STATE REGISTR	AR	DEI	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE 9	2 i 8	1 2
	m		I. DECEASED N.	AME FIRST	MIDDLE	Į,	ST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR P
	9 6 6 P			ADDI	E D.	CL	ARK	SEPTEMBE	R 30, 1979	9 5:45 M
	OE STATE	3	3 SEX		4 RACE	5. DATE C	F BIRTH OAY YEAR	6 AGE (IN YEARS LAST BI	ATHDAY # UNOER 1 YEA	
	6 6 3		Fema		Negro	7	11 1910		YRS.	
	P P P P P P P P P P P P P P P P P P P	ė	7a. BIRTHPLACE	STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
	Juner of Trumph 7	010	North (Carolina	U. S. A.	WIDOWE	DIX DIVORCED	□ BALTIMOF		MD.
10 10	s ofter s	Sified	Balt	imore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE THE JOHNS I	STREET ADORESS	HOSPITAL	(TYPE OF WORK FOR MOST		O OF BUSINESS OR
212	hour d in l	be			OR OTHER INSTITUTION, GIVE RESIDENCE NTY 136. CITY OF		134 INSIDE CITY LIMIT	S? 13e. STREET ADDRESS		
2	24 fillec	233	Marvl	-		timore	YES X NO		st Eager S	treet
34	ithin tely 2 sh	June	14. FATHER'S NA	ME	MIDDLE LAS	c v	15. MOTHER'S MAIDE	N NAME MIDDLE	The second	LAST
MAN	ond o	かりて	Pete		Spruiel		Annie	WIDDLE	Lee	1421
RE,	es – co	ico	16a. WAS DECEA	ASED EVER IN U.S. A		L SECURITY NO.	17. INFORMANT	ADDR	ESS	
MO	6 c c c	med	(TES, NO OR OF	(IF 1ES, OI		32-1855	Vera Wil	lliams 1433	East Eage	r Street
BALTIMOR	e constant	, the	18. CAUS	OF DEATH (Enter o	inly one couse per line for (o), ED BY:					OXIMATE INTERVAL IN ONSET AND DEATH
	The same of the sa	vent	PART		ED BY: (TE CAUSE (D)	lian a	nest		0	
ONS	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	otic e	41	20	DUE TO, OR AS A CON	SEQUENCE OF		, .	\$975	
ESTC	deot ove non,	Eng		ns, if any, which	((b) con	austral	heart	factorie	>	Pariotic S
g.	the care	er tr	couse	se to immediate o), stating the	DUE TO, OR AS A CON	SEQUENCE OF		0	1 ~	
*	ol, cr	r of	underlyii	ng couse lost.	(c) lugge	stense	u cardo	wascular	disease	
5, 20		٠,٧		THER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
ORD	en si	ini _	<u>é</u>	sipsio						
RECORDS,	low s beer prior	S Ou	A DATE	OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
AL	The cions	how	RTIF					YES NO	YES	NO 🗌
2	AN: The obysicio	899	00.000,700	ENT WAS UNDERLYING [BUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	ZIC HOW INJURY OF	CURRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART 1 OR PART 2	
ō	Signal phone	Hem		NOTIFY MEDICAL EXAMINER		19				
NOISINI	this of the	o p	21d INJU	RY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
>	Afre Street	orke	AT WORK	AT WORK		. 0/2		29 0/2	0 10 77	
	DR:) Neo	is m			pitoDattended the deceosed	7.69	d that in (my lour) on	inion death occurred on the	, , ,	_, that (() (we) lost
	d to	m 21	obov 22b. SIGN		ot) view the body ofter death.		DEGREE	mion death accorded on the c		TE SIGNED
	O P P P P P P P P P P P P P P P P P P P	H He	220. SIGN	ATURE BY		ni n		MEDICAL STA		20 30
	SPITAL d by th NERAL be det	<u>z</u> -	224 DHVC	ICIAN'S NAME (TYPE	com	1001)	PHYSICI,	AN DIRECTOR PHYS	CIAN	30-19
	5 a C & O	OC	-	,	2	100	Johns Hon	okins Hospi	tal Balto	mane Md
	FO He etain TO F shoul	IMPORT		secca	Dascom	MD			, picon	well, i de
101	フラー		(SPECIFY)	EMATION, REMOVA	and the second second		EMETERY OR CREMAT	CITY OR TOWN	COUNTY	STATE
1	BP		B 24. FUNERAL DI	urial	110/5/79	Zion H		Cem. Little Date rec'd, by registral	ton, N. C.	ATURE
	DHMH - 16 50M 7/3 (VR A 15 (4))	77	NAME		E/H 1101 Es				Righty Maller	H

Heremidel actions in	CLERK		10.2 and 3.4 and	
YTID LONISHAD		Para and		
	ANTILOR ME	RECH SPENDS II		
				Safe in the

Dergamen 2) 1979 2:10A A 100 Armen .

1-	2	4	FOR			ATE OF MARYLAND	siele O	2 1 8 1	4
	0	1	STATE REGISTRAR			FHEALTH AND MENTAL HYO IFICATE OF DEATH	REG. N		,
	6		CEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	(M)	(177	JAME	-S-14- C	IARK			9 6 79	5 40 PM
		3. SE		4. RACE		E OF BIRTH NTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
	Pec Pec		Male	B	6	25 Mos	74	YRS	5 HOURS MIN
	once.	70.8	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	RIED NEVER MARRIED	0	OR COUNTY OF DEATH	THE PLANT
	de de	> 10.6	ITY OR TOWN OF DEATH	U.S	WIDO	WED DIVORCED		Itimore Ci	
0	s ofter by the filled with	3	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HOM CHEACILITY, GIVE STREET ADDRESS)		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTR	O OF BUSINESS OR
212	be be	USU 130.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	N	13e STREET ADDRESS		
AND	in 24 h		MD 136 COUR		Ba (Fimo)	YES NO	2539	Hollins	St 21223
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	completely I and 2 sh	14 F	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE		LAST
RE, 1	- 0		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO	. 17. INFORMANT	ADDR	ESS	
IWO	n and c	(YES, NO OR DAKNOWN) (IF YES, GIV	E WAR OR DATES]	217 01 48	Vera WIN	9 2539	Hollins	57
BALT	ficate b physicion popers. oval. ent, the		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and (c)				OXIMATE INTERVAL EN ONSET AND DEATH
ST., I	ng physi banpop remova c event,		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	Cardio-Ro	spiraloy Asre	. +2		
ON	of o o o		1509	DUE TO, O	R AS A CONSEQUENCE OF				
RESI	the deot the atten remave c emotion, er fraum		Conditions, if ony, which gove rise to immediate	(b)_	ca - eso	phagwo.			
₹.	by the ose rem		couse (a), stating the underlying couse last	DUE TO, O	RAS A CONSEQUENCE OF			100	
201	o see		PART 2 OTHER SIGNIFICANT	CONDITIONS CO			AINAL DISEASE OR CON	IDITION GIVEN IN PART	lto
RDS	equire in signe Then p	NO			NONE				
60	ow re rmit. prior	CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH OPERA		20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
AF	The lo	4 ₽	8/3//79		a - esophue		YES NO NO	YES 🗌	№ □
> =	Z Z S O E E S	4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	110110	M. MONTH DAY YE	R 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)
ON	HYSICIA nding pl his certif burial-t	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P. 21e PLACE		211 LOCATION			
DISIAIC	G PH er th s the ond	WE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FARM, ETC.	STREET	CITY OR TO	WN COUNTY	STATE
	ol or OR: Aft		22a I certify that (I) (this hosp	Co	e deceased from	24 1979		1979	, that (I) (we) lost
	OR ATTENIE hospital DIRECTOR: sched for us Dept. of He		sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	t view the body	ofter death.	ond that in (my) (our) opinion DEGREE	deoth occurred on the d		TE SIGNED
	'AL OR A the hos 'AL DIREC detached ore Dept.		1 SIGNATURE	ubali		ATTENDING	MEDICAL STA	FF 9	6170
	E 9 15 4 1	+	22d. PHYSICIAN'S NAME (TYPE C	R PRINT)		22e ADDRESS	DIRECTOR PHYSI	CIAN (A)	0///
	TO HOSPITA retained by TO FUNERA should be de with the Stat		George	Tal	baji	univof	MD. Ho:	spital	
	1	230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME O	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
200	BP	2A E	DURIA UNERAL DIRECTOR	19-16	T(M P/-C	ALUBRY CON	E REC'D. BY REGISTRAR	125h DECISADADE ALE	Bush
	OHMH - 16 50M 1/76 (VR A 15 (4))		NAME		N P.A. 1913		D1 3 1979	property /	7
		16	SALAH LIBRO	NN +50	N 1413	W. BALD SE	LI O IDID		"An



FOR

STATE

I. DECEASED NAME

LTYPE OR PRINTI

COUNTRY)

3 SEX

REGISTRAR

Male

TO BIRTHPLACE ISTATE OR FOREIGN

Maryland

ID CITY OR TOWN OF DEATH

Norman

4 RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE /- 4 CERTIFICATE OF DEATH REG. NO MIDDLE LAST 2ª DATE OF DEATH MONTH 2b. HOUR P.CLARK September 12. 5:10 PM 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH 1911 DAYS HOURS 68 White Jan. 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED USA WIDOWED DIVORCED [Baltimore City 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

_	ar criior e		nu General nos	pital	POOT P M	T.T. Cel. MeMS Willel.
13a.	STATE	COUNTY			13e. STREET ADDRESS	
Ivi	aryland Ba	altimore	Cockeysvill	EYES NOX	13 Fland	ers Ridge Court
14. F	ATHER'S NAME FIRST Norman	MIDDLE	Clark	IS MOTHER'S MAIDEN NAV	ME	Potee
	WAS DECEASED EVER IN U.S		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS
	YES, NO OR UNKNOWN) IIF YES	S. GIVE WAR OR DATES)	212 01 7107	Mrs. Ruth	K. Clark	Same
ATION	Conditions, if ony, whice gove rise to immediat couse (a), stating the underlying cause las	DUE TO, OI the been been been been been been been be	Toute must loss			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FICAT	1% DATE OF OPERATION 9-5-79		TION FOR WHICH OPERATION		200 AUTOPSY?	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CAL CERTIFIC	218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (# EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR	21c HOW INJURY OCCURR	YES X NO	Y IN ITEM 18, PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	
	220.1 certify that th (this has a saw the deceased alive above with (we) (did) (did)	e on Septemi	ber 12 19 79 on	mber 4, 19 7 apinion of that in (my) (too) apinion of	9 to September death occurred on the do	er 12 19 79 , that (I) (we) last the and hour and from the couses stated
	226. SIGNATURE	r 1 1		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	226. DATE SIGNED F

BP.

MPORTANT:

Eugenio Machado, M.D. 230. BURIAL, CREMATION, REMOVAL

224. PHYSICIAN'S NAME (TYPE OR PRINT)

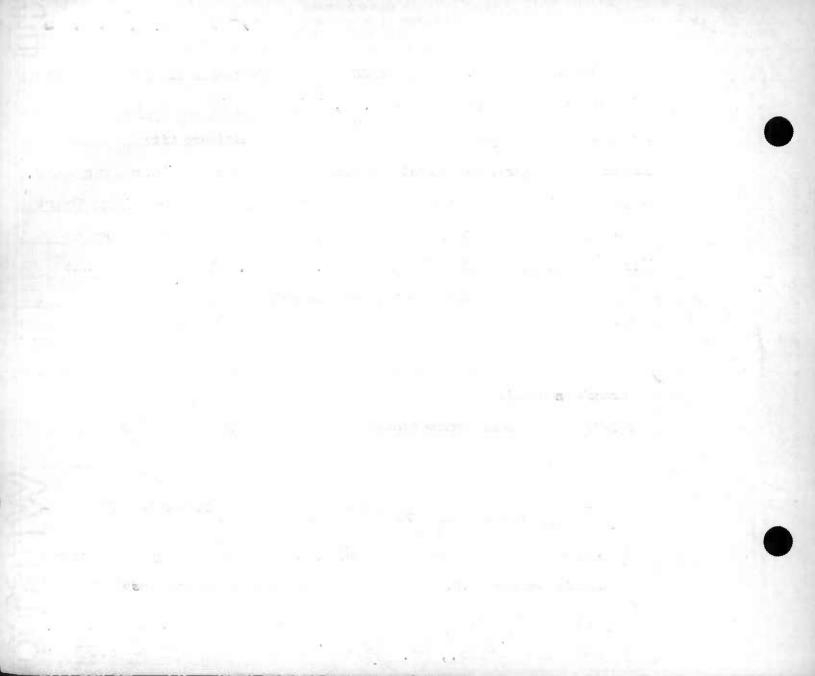
22e ADDRESS

c/o Maryland General Hogpital

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

COUNTY STATE Burial Woodlawn Cemetery Woodlawn Henry W. Jenkins & Sons Co. 24 FUNERAL DIRECTOR York Road Balto. Md. 21212

DHMH-16 20M (VRA 15, 4) 7/78





FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26, HOUR (TYPE OR PRINT) Claude Cline , SR. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 27 1899 DAYS HOURS MALE 80 WHITE TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** Virginia MARRIED TO NEVER MARRIED U.S.A. Baltimore City WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Supervisor Construction BALTIMORE, CITY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CUTY LIMITS? 8405 Glen Road YES NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Marcellus Charles Cline Clara White 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as # 13e Mrs. Nan E. Cline 212-12-2094 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic).

PART I, DEATH WAS CAUSED BY: SEPSIS from Universe tradinfection or Cerebro-vascular ace DUE TO OR AS A CONSEQUENCE OF complications and recovery from abdominal aneurus repair. DUE TO, OR AS A GONSEQUENCE OF therosclerosis

	diote	to imme stoting couse	rise	gove
COI	FICANT	ER SIGNII	ОТН	PART 2

190 DATE OF OPERATION

NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Abdom, now

DAY

20a AUTOPSY? NON YES [

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO | JENTER NATURE OF INJURY IN ITEM 18, PART 1 DE PART 21

ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF BEATH IF ETHER NOTET MEDICAL EXAMINERS 214 INJURY OCCURRED NOT WHILE

sow the deceased alive on_

218. PLACE OF INNURY LATHOME, STREET FACILITY, OFFICE, FARM, ETC.

MONTH

216 TIME OF INJURY

HOUR A.M.

211-LOCATION

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Parkwood

CITY OF TOWN

MEDICAL

COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE/SIGNED

-
-

CERTIFICATION

WEDICAL

00

morked or

MPORTANT:

ld b Him 27d. PHYSICIAN'S NAME (TYPE OR PRINT)

220 I certify that (I) (this haspital) attended the deceased from

above, (1) (we) (did) (did not) view the body after death

PHYSICIAN 22e ADDRESS

MARYMASM

21c HOW INJURY OCCURRED

ATTENDING

DIRECTOR | PHYSICIAN

24 FUNERAL DIRECTOR Leonard J. Ruck. Inc.

230. BURIAL CREMATION, REMOVAL

Burial

236. DATE

Sep. 11.1979

Balto. Md.

23d LOCATION

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Baltimore, Maryland

DHMH-16 20M (VRA 15, 4) 7/78



Victoria Victoria

6			STATE	OF MARYLAND			
6	FOR STATE REGISTRAR	DEPA		ALTH AND MENTAL HYGI CATE OF DEATH	REG. NO	2 8	18
	DECEASED NAME FIRST TYPE OR PRINT) BENJ	AMIN	CLY	BURN TV.		MONTH DAY	YEAR 2b. HOUR
	sex Male	Black	5. DATE OF	23° 14°	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER	RIYEAR FUNDER 24 HR DAYS HOURS MIN
5 87m S	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTI	RY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED DI	Baltimorecity o		ath ty ^
iled in	Balto.	111. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST 2302 Nevac	REET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		KIND OF BUSINESS C USTRY
d bluod 232 130	Md.	ME OR OTHER MISTAUTION, GIVE RESIDENCE BI OUNTY 13 BALLES	OWN 13	TES NO	130. STEE OPERESS	evada St	J
300	FATHER'S NAME FIRST	MIDDLE LAST	15	5. MOTHER'S MAIDEN NAM FIRST	MIDDLE		LAST
Poges 1	(YES, NO OR UNKNOWN) (IF YES	CIVE WAR OR DATES	7-2057	Annie Clem	nons 2538		a Ave.
n signed by the ofter Then pleose remove, injury, or other froum		DUE TO, OR AS A CONSE (c) (c) (T) (C) (C) (C) (C) (C) (C) (C		OT RELATED TO THE TERMI	nal disease or cone	DITION GIVEN IN P	ART 1(o)
ony i	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION!				
hows					200 AUTOPSY?	IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH? NO
or Item 18 shows	OR CONTRIBUTING CAUSE OF CHIEF CAUSE OF CHIEF CAUSE OF CHIEF CAUSE OF CAUSE	G 21b. TIME OF INJURY HOUR A.M. MONTH INNER) 21b. PLACE OF INJURY ATTHORS TREST SUCCESS OF	DAY YEAR	WAS PERFORMED 21c. HOW INJURY OCCURRE 21f. LOCATION STREET	YES NO	IN CERTIFÝING C. YES YES Y IN ITEM 1B, PART 1 OR P	AUSES OF DEATH? NO [] PART 2)
	OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has the deceased alive obove, (1) (unai Land (d))	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19	21c. HOW INJURY OCCURRE	YES NO CEPTER NATURE OF INJURY	IN CERTIFYING C. YES YES YIN ITEM 1B, PART ORP YOU COUN COUN The ond hour and for	AUSES OF DEATH? NO
hed for use os the burnor. The Jeps. of Heolth and Mental I I I I I I I I I I I I I I I I I I I	OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this has now the deceased alive	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF Inospitol) ottended the deceased fro e on 991 Id not view the body offer/deoth.	DAY YEAR 19 2 CICE, FARM, ETC.) 2 DM 9 . ond	21c. HOW INJURY OCCURRED 21f. LOCATION STREET 19 7 1hot in (my) (our) ppinion di GREE ATTENDING PHYSICIAN	YES NO CITY OR TOWN CITY OR TOWN To Control on the do MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING C. YES YES YIN ITEM 1B, PART OR P. YOU TO THE ORD T	AUSES OF DEATH? NO PART 2) NTY STATE thot (I) (we) Ic om the couses stoted DATE SIGNED 1/2 4/79
O FUNERAL DIRECTOR. After this certific hould be detached for use as the buriol-tr with the State Dept. of Health and Memal I MPORTANT: If them 21 is marked or item.	OR CONTRIBUTING CAUSE OF CIPE ETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this has not the deceased alive above. (1) (mas) that (d) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (T)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF inospitol) ottended the deceased fro the on the work of the work of the control of the contr	DAY YEAR 19 PICE, FARM, ETC.) DOM 9 DEI 12	THE LOCATION STREET Thot in (my) (our) ppinion de GREE ATTENDING PHYSICIAN	YES NO CITY OR TOWN CITY OR TOWN To Control on the do MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING C. YES YES YES YES YES YES YES YES	AUSES OF DEATH? NO PART 2) NTY STATE thot (I) (we) Ic om the couses stoted DATE SIGNED 1/2 4/79

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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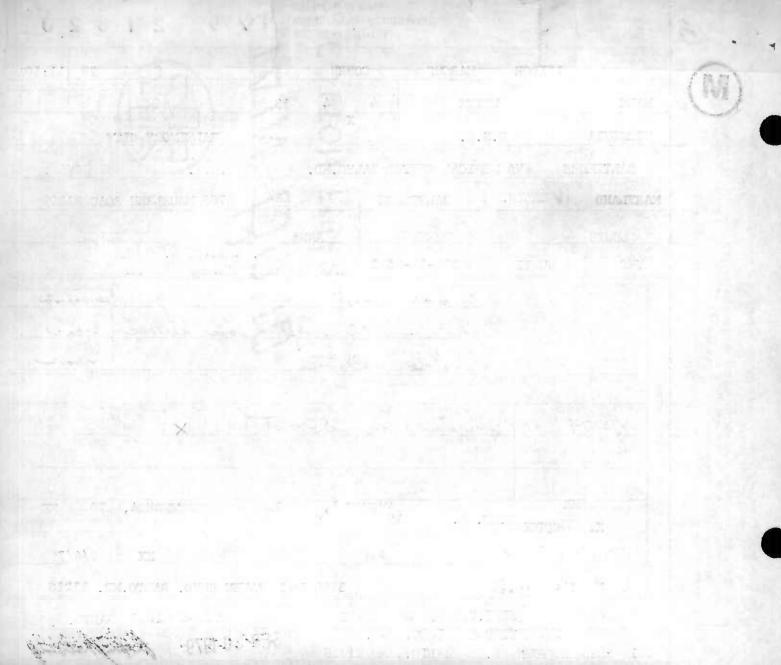
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BALTO., MD 21215

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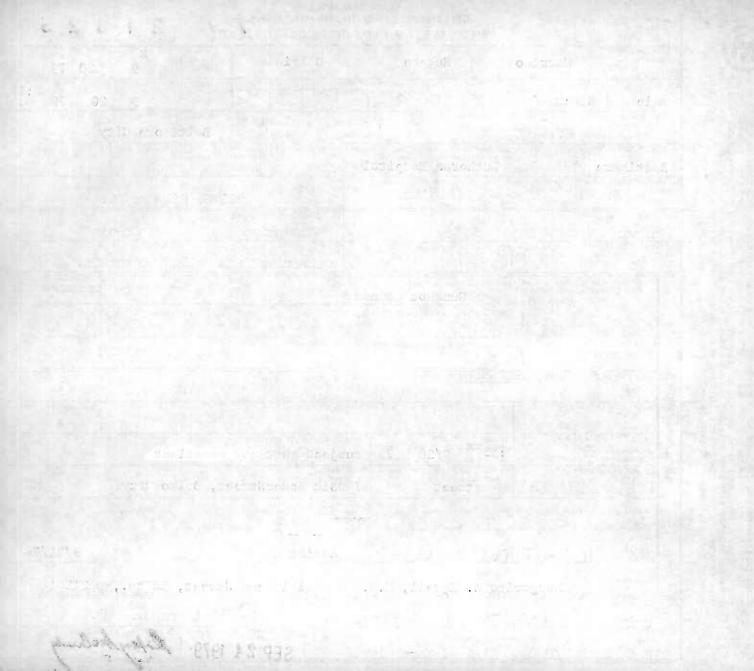
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FOR PER PORT PORT PORT PORT PORT PORT PORT POR		22a. I cert	fy that I took charge	e of the remains desc	ribed above, held ar	Autopsy	, Inspection	an X Inquir	, LJ, and ir	n my opinion		
	13	death result	ed from: Nature	al causes X,	Accident .	Suicide .	Homicide .	Undetermined r	nonner .			
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TO MEDICAL E EXECUTE THE PAGE 4 SHOU AFTER DEATH, AFTER DEATH,	23 o. E	URIAL, CREMA	TION, REMOVAL 23	b. DATE	236. NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STATE	
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Schimunek Funeral Home-9705 Belair Rd.

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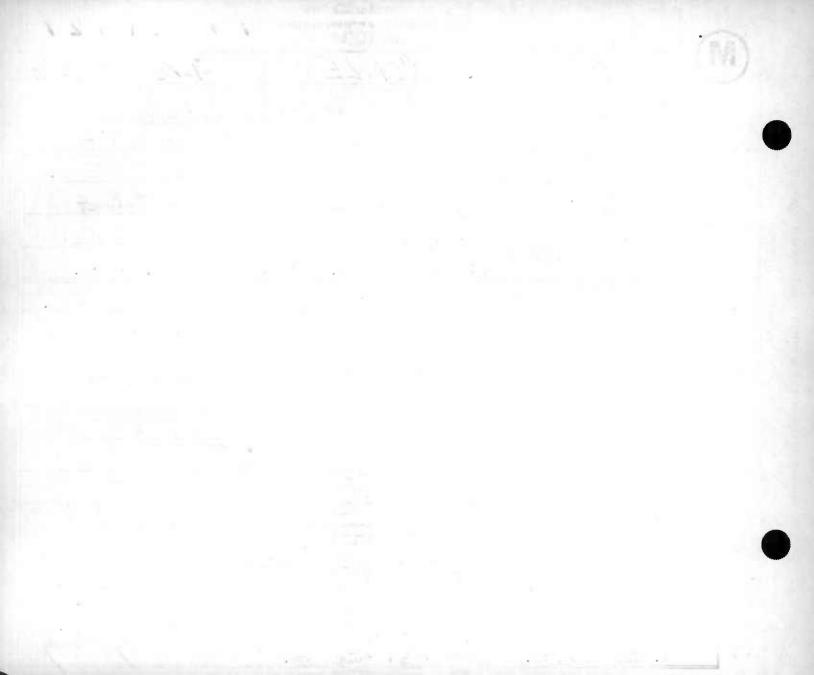
Male Care. M Baltimore City Baltimore, Mb. USA Raltimore 9017 Heldchat Ed-21235 Vice- hes. Steffey, inc RVIENKEREENKE Baltimore x DOLV Eseldchan Ed. 21226 nakaowa Lillian Ports 218-22-6720 Gloria w. Collins, 1019 Fieldclat Ho. Burial Best. 20 , Gardens of Fairly Palsimore Md. Schibanek Ramarsi Momo-Mons Relati Rd. SERNINGS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN TE MONTH (TYPE OR PRINT) Harrison Eugene Colvin OF ESTI-20 79 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 2 47 male Black. 32 DEAD 20 19 79 P . M 76. CITIZEN OF WHAT COUNTRY? a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Md. USA Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Lutheran Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 13d. INSIDE CITY LIMITS?
YES NO 803 N. Gilmore St. 30. STATE 13c BHILDWN NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Melvin Josephine Colvin Dav 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Catherine Hack 1705 Mosher St. No 18. CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wounds IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? URIAL YES X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR subject shot CONTRIBUTING CAUSE OF DEATH PRIOR 21f. LOCATION 218 PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 1700Blk BakerStreet, Balto City COUNTY WHILE AT WORK MD street 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Homicide X death resulted from Undetermined monner TITLE (SPECIFY) 9/21/79 Assistant SIGNED EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS, 111 Penn Street, Balto., MD 21201 23g BURIAL CREMATION REMOVAL 23b DATE STATE (SPECIFY) Baltimore Co., Md. 9/24/79 King Mem. Pk. Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (R A15 ME (5)) Wm C March F/H 1101 E. North Ave 15M 7/76

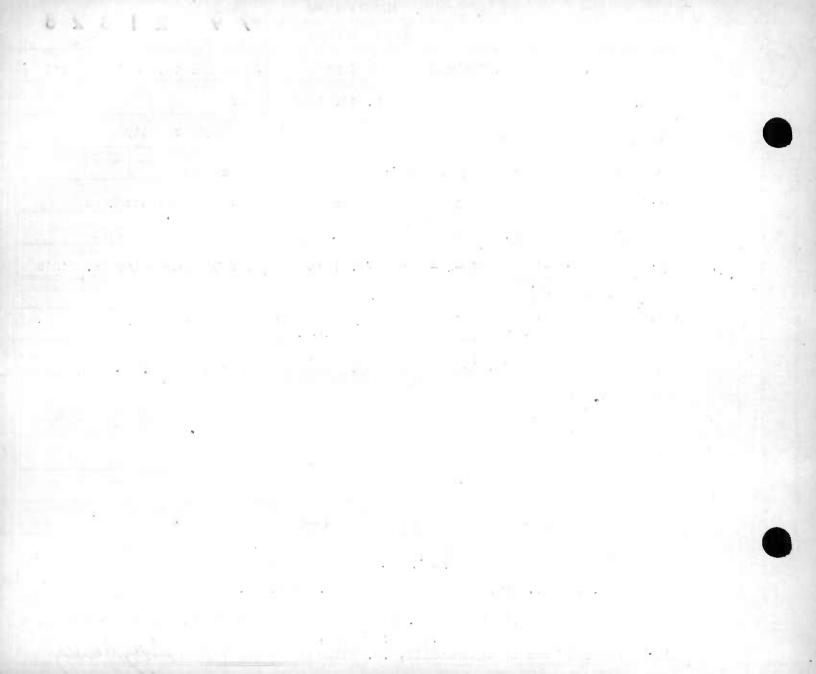


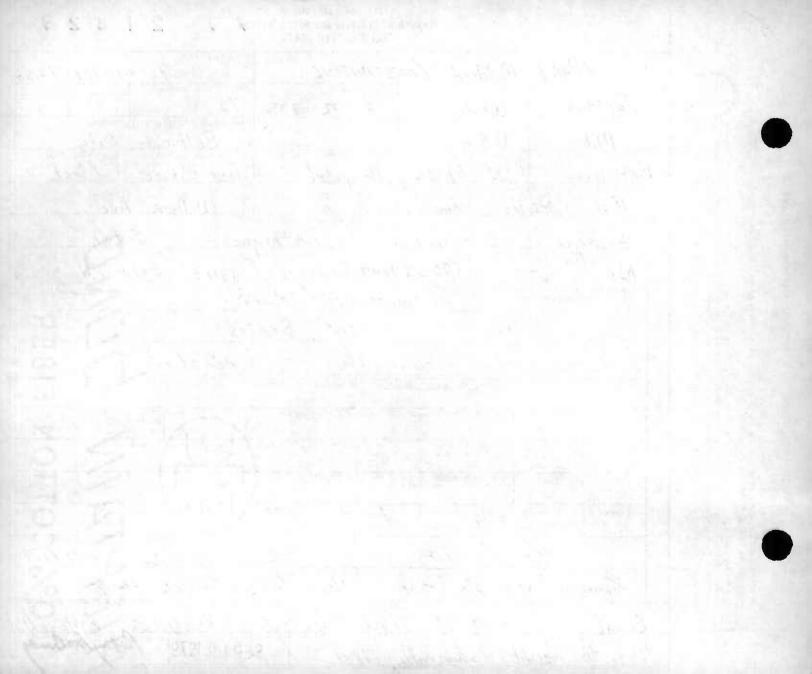
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	(TYPE OR PRINT)		HA C.			OF ESTI- DEATH MATED	- 0/10 70	
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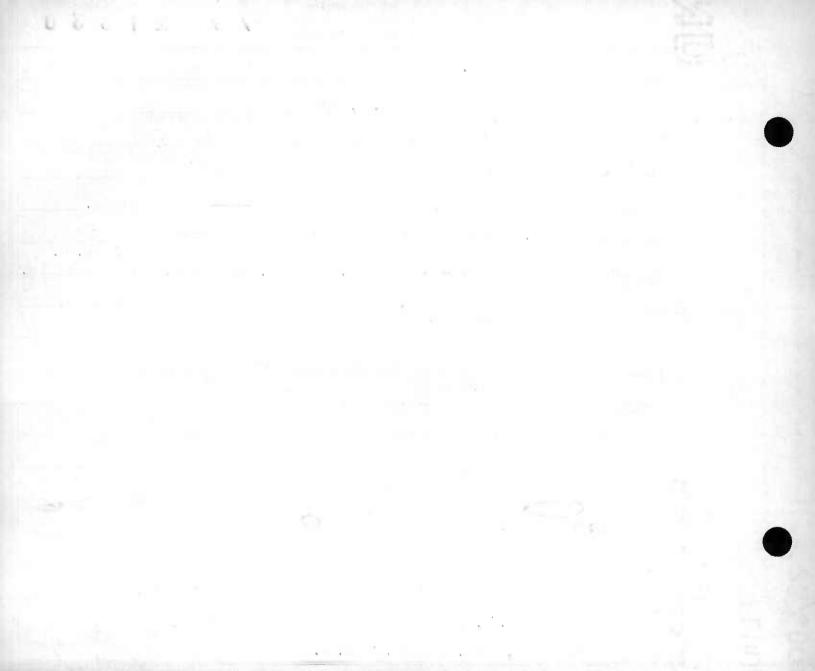
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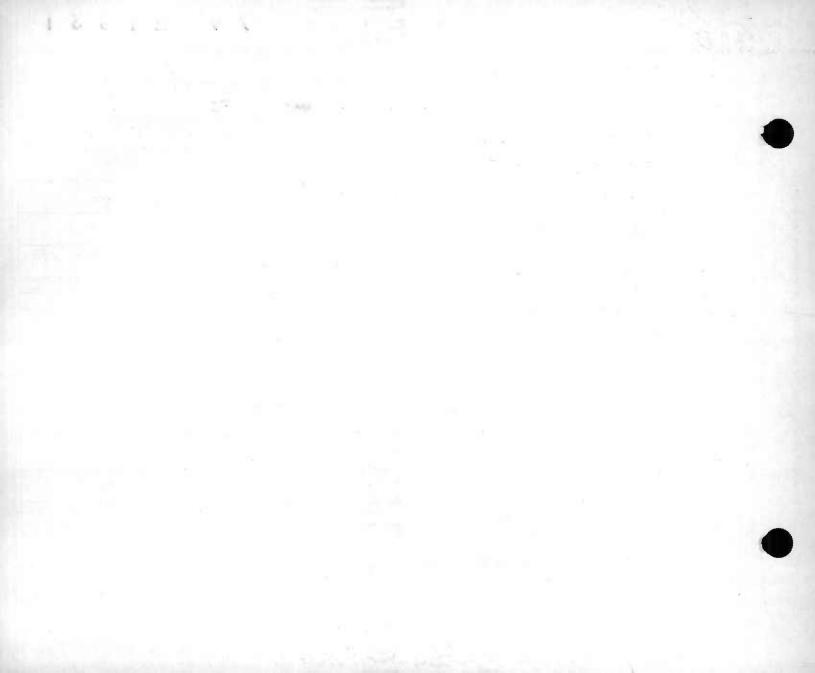
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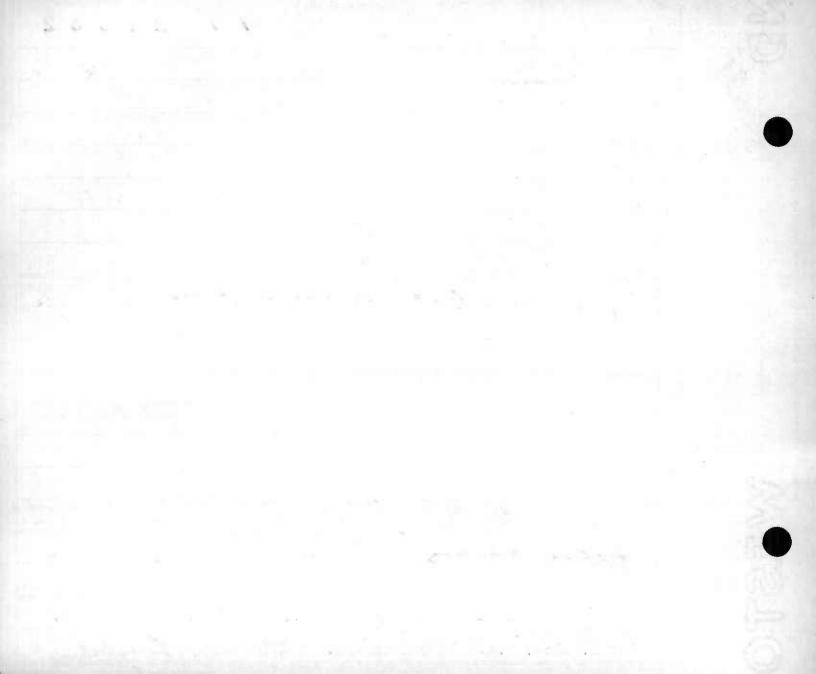


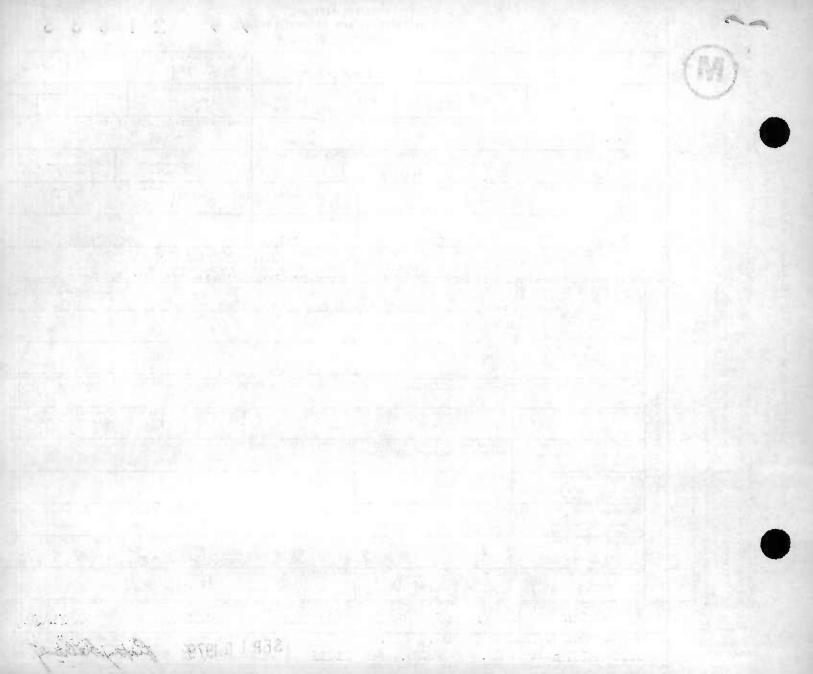




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offer p	3. SE	MALE	· ·	COL		S DATE O	LY 8 / SEAR	6. AGE (INY	EARS LAST BIRTH		MONTHS DAYS	IF UNDER 24 HRS
within 72 hours of fied at once.	_ C	RTHPLACE (STATE OR FO OUNTRY) altimore		U.S.	what country? • A	MARRIE WIDOWE	D NEVER MARRIED		TIMOF		OF DEATH	MI
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O di MA	23a. (SURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	23b. DATE OCT		AME OF C	EMETERY OR CREMATORY	700 lo	ch'		11	MD
P DHMH-16 20M /RA 15 4) 7/78	24 5	UNERAL DIRECTOR	1 in)	ADDRESS /		The Alexander		COVERTE EGISTRAR 2	Sh, REGIST	RAR'S SIGNAT	URE







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FOR

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REGISTRAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Bolhmon 250. DATE REC'D. BY REGISTRAN 25b. REC

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGINE

REG. NO

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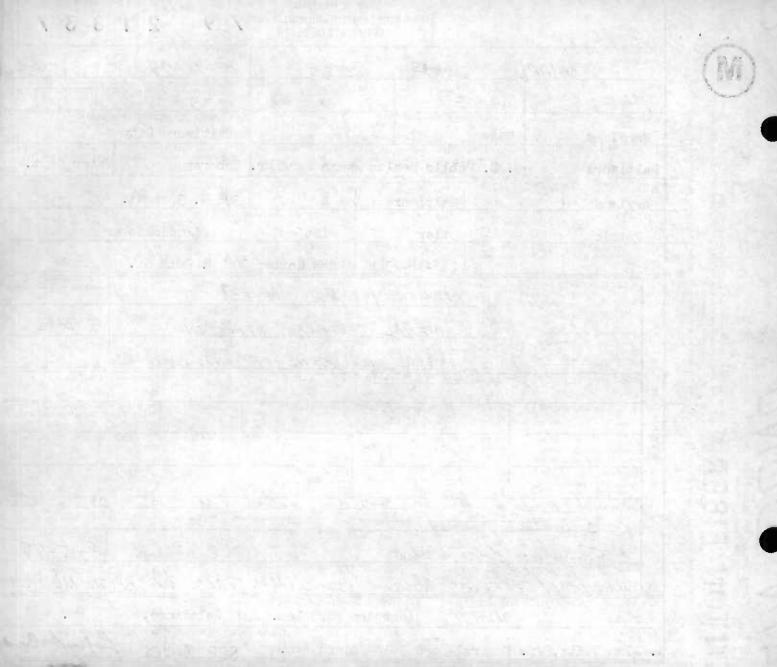
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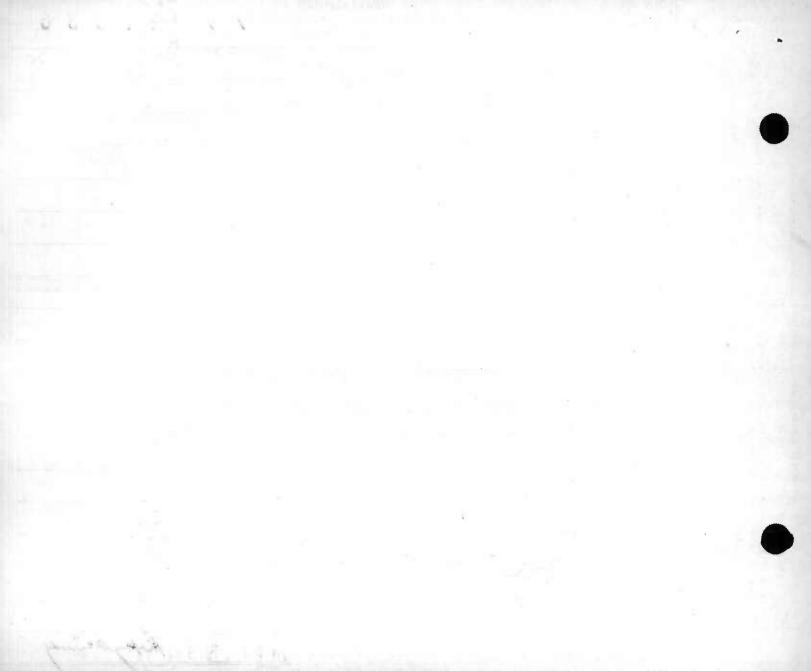
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF Madeline DEATH MATED 9 10 79 Cornish 4 RACE & AGE (IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS DATE MONTH 6 24 VDC PRONOUNCED 14 19 79 DEAD Black. Female 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED KI NEVER MARRIED M. USA DIVORCED Baltimore City, IB CITY OF TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION LTYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Baltimore 130 N. Aisquith St., Apt. 7J 130 N. Aisquith St. 13d. INSIDE CITY LIMITS? 13h COUNTY Balto. Md. YESX 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE LAST Robert D. McGee Boyd Mary E. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 130 N. Aisquith St. No Gary Cornish APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Stab Wound of Neck DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR, TO BURIAL, C OF YES X NO 1 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW IN JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURSEN MONTH DAY YEAR UNDERLYING OR MEDICAL 25 Subject stabbed during altercation 5 9 19 79 PM CONTRIBUTING CAUSE OF DEATH 21f. LOCATION Apt. 7J, 21e. PLACE OF INJURY LATHOME 21d. INJURY OCCURRED AT WORK NOT WHILE CITY OR TOWN STREET, FACTORY, FARM, ETC.) STATE 130 N. Aisquith St., Baltimore home Md. TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 Autopsy Inquiry and in my apinian 22a. I certify that I taak charge of the remains described above, held an Inspection Hamicide X Undetermined manner death resulted fram: Natural causes Accident Suicide TITLE (SPECIFY) ACTUAL 9/26/79 Assistant SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 236. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 10/1/79 Mt. Calvary Cem Anne Arundel Co., Md. BP Burial 24. FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR **DHMH-17** VR A15 ME (5)) 1101 E. North Ave Wm C March F/H 15M 7/76

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(VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO HOSPITAL

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hos b	FIG	THE DATE OF OFERATION	The control	mort ok winer	OFERRIC	NA WASTERI ORMED		IN CERTIFY I	NG CAUSES	OF DEATH?
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tron tron 1 Hy		OR CONTRIBUTING CAUSE OF			AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
ng ph certif unol-t entol	2	1 IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.	M	19					
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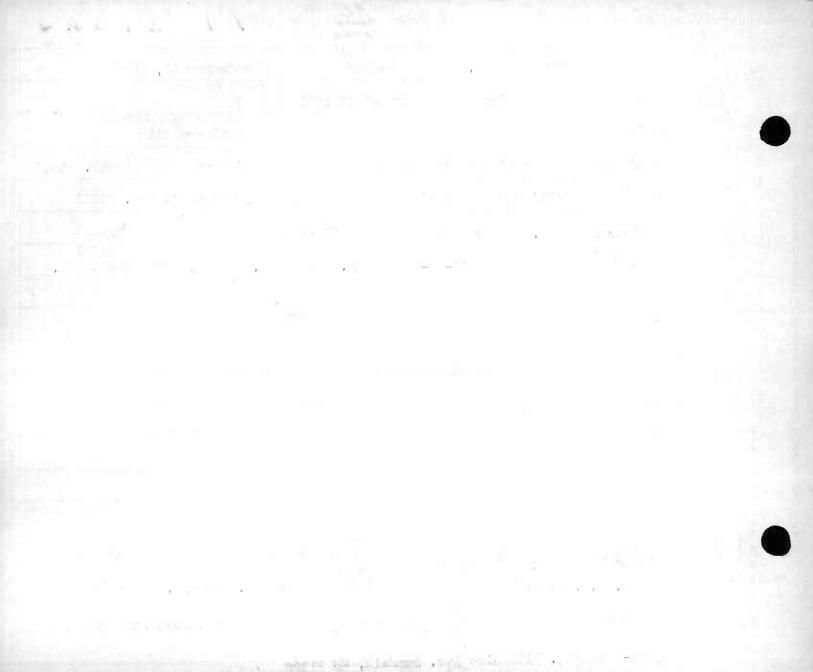
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7	1	22d. PHYSICIAN'S NAME	TYPE OR PRINT!	0000		220 ADDRESS	TOICIAIT L	1 DINECTOR			1//	-/
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<u> </u>	23a	BURIAL, CREMATION, REMISPECIFY	OVAL 23b. DATE	23c	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCA	TION	(0	UNTY	
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M	24 F	UNERAL DIRECTOR Wit	zke Funer	al Homesso	f Cato	nsville			EGISTRAR 25b.	RESISTRA	R'S SIGNAT	URE
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Gette Engerony Beallan - ser like Girls Pater CI W. T. Land District Parish and L (LOVE C 200 C 20 M)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR 20. DATE KNOWN TX MONTH 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Raymond Crites 9 29 19 79 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER I YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED June 23. DEAD Male. White 56 YRS TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED Baltimore City, WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore South Baltimore General Hospital onk UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Mayadon NO [] 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Uscan Doni 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO, OR UNKNOWN) -34-1610 Mrs. Marlene 18. CAUSE OF DEATH (Enter-only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt injury of head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Head Only 9 3 SHOULD BE 216. TIME OF INJURY
HOUR XX MONTH DAY YEAR 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR 0 MEDICAL 10:30 .M. 231979 Subject fell down stairs 9 CONTRIBUTING CAUSE OF DEATH PRIOR, 21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK 943 Mayadon Ct., Baltimore Md. home Head Onlyx PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: FAFTER DEATH, WITH THE STATEMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident X Suicide Hamicide _____ Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL 9/30/79 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL Baltimore Anne Arundel Maryland edan Hill emeteru Patansco Avenue Balto., Md. 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** VR A15 ME (5)) Home o 15M 7/76

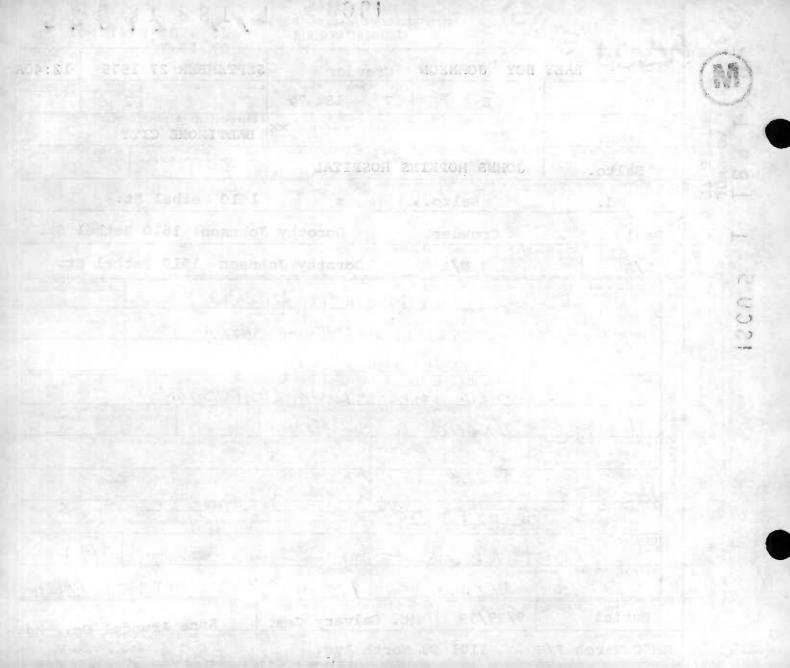
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		ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		126. KIND
3/	В	altimore		Baltimo	re City I	Hospit	als	Fireman	OF WORKING LIFE)	Beth
25	USU.	AL RESIDENCE (# NUR	SING HOME OR	OTHER INSTITUTION,			13d. INSIDE CITY LIMITS?	113. STREET ADDRESS		
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30	14. FA	ATHER'S NAME FIRST		AIDOLE	LAST		15. MOTHER'S MAIDEN NA	WE	-	
34		Thomas	L		roghan		Elizabeth			John
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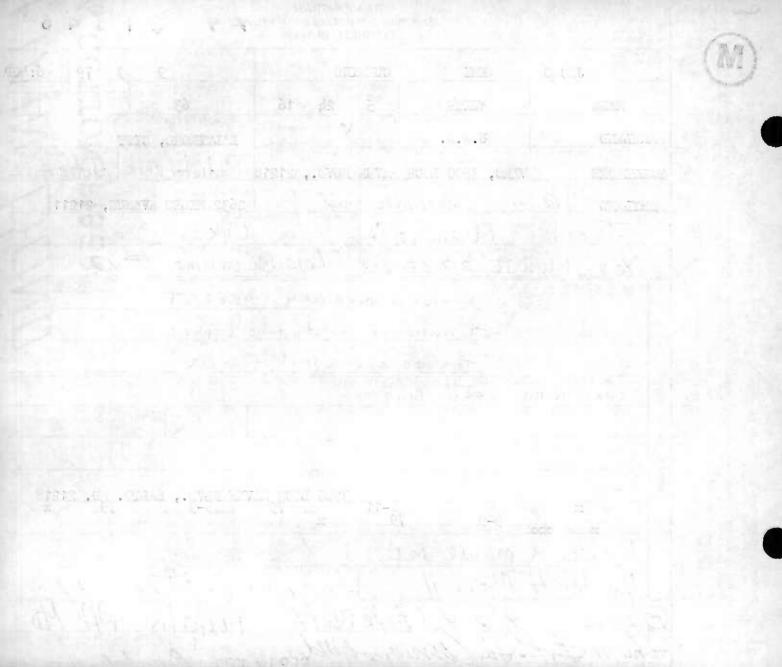




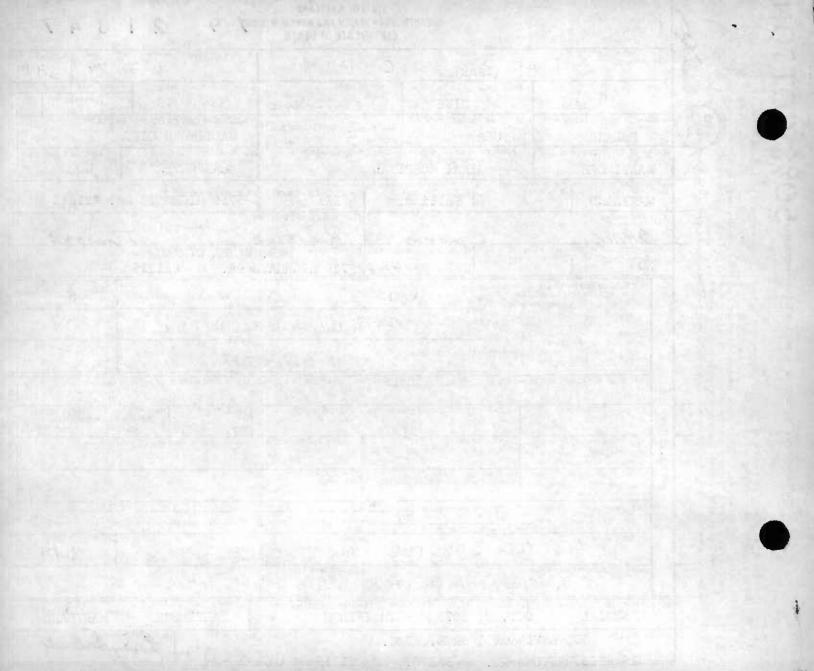
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	(***)	(1172	JACOB	NMI	CUMMINS	9 (79 6:LIQP
		3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
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BALTIMORE, MARYLAND 2120	be execut	16a V	VAS DECEASED EVER IN U.S. ARV (IF YES, GIVE C.S. (IF YES, GIVE	WAR-OR DATES)	- 110 R	Cummins #	13
	physica npape movol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMARDIAT		PRESDIRATORY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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₹	hot the di by the at ase reman I, crematia		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO OR AS A CONSEC	LIENCE OF	fistula	
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	equire n signe Then p to bur injury,	Z	CARCINOMI	1 - (1 1	LA 9	MINAL DISEASE OR CONDITION GIVE	N IN PART TIO
Ö	0 + 0 >	- ¥	19g. DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
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ō	HYSICIAN ding ph is certification wanted the principle or them 1	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
DIVISION OF VITAL RECORDS,	1 6 6 - 4	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
۵	P Afr		220. I certify tho (20) (this hospit	all attended the deceased from	3900 LOCH R		MD. 21218 979 that (MK(we) lost
	OR ATTEN the hospital DIRECTOR: ached for us Dept. of He if Item 21 is		sow the deceosed olive on obove, (howe) (did) (did) to			deoth occurred on the date and hour	, (/)
	hosp: hosp of the fellow from 2		obove, (hrwe) (did) (did) view the body after death.	DEGREE		22c DATE SIGNED
	Al A		Walter H	. Mervill M	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9-10-79
	OSPIT CONER DIN DIN DIN DIN DIN DIN DIN DIN DIN DIN		22d PHY SICIAN'S NAME (TYPE OF	Merrill Merrill	30 mg Lac	6 PAUS POL	to ux.
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120	7 BP	6	LIPIAL CREMATION, REMOVAL	9/12/19	FDAR BLUFF	HUWADOLIS	THE MO
	DHMH - 16 50M 1/76 (VR A 15 (4))	10	INERAL DIRECTOR P	DODRESS	and Md 156. DAY	TE REC D. BY REGISTRAN 25% REGISTR	AR'S SIGNATURE
	(, 10 (4))	1	1m/11. 49/-	- Day (1000	LOSO, COCO1	1 1070 File &	a P

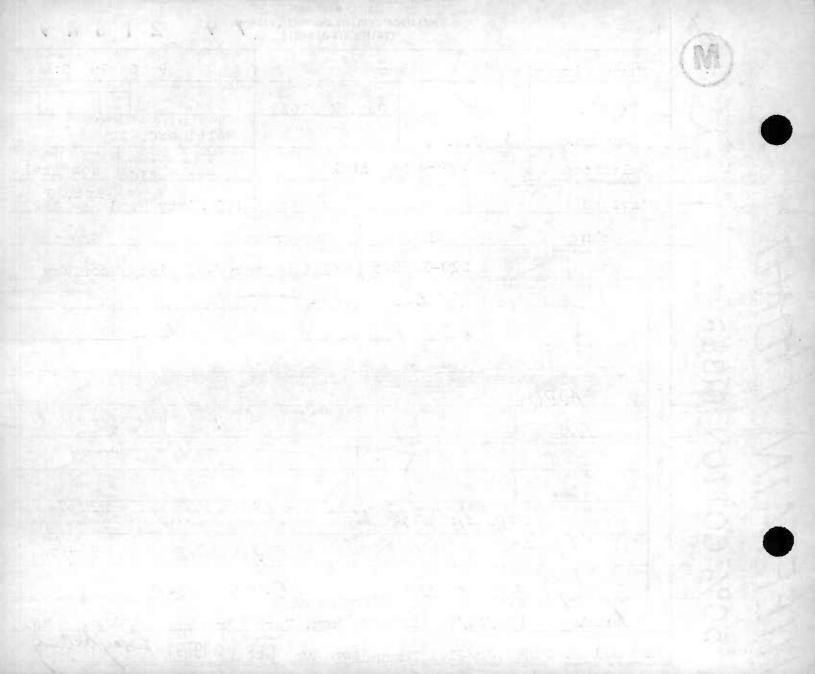


6	1	FOR STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENY G	2 1	8 4 7	
by be death		CEASED NAME FIRST LSA	MIDDLE (Isak)	cy	NAMON		MONTH DAY	YEAR 26. HOUR 79 340M	l.
ge 4 may	3 SE	M ALE	W HITE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT	73 YRS.	UNDER I YEAR IF UNDER 24 HRS	_
Genth. Po	C	POLAND	USA	8. MARRIED WIDOWED	NEVER MARRIED DONORCED	9 BALTIMORE CITY O	R COUNTY OF	F DEATH M	D.
rs ofter of the filed with	0	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SINAL HOSP	PITAL	ROTHER INSTITUTION	120. USUAL OCCUPATION OF WORLD CARPENT		126 KIND OF BUSINESS OF INDUSTRY WOOD	2
AND 212	13a S	ALRESIDENCE (IF NURSING HOME OR C TATE 13b COUNT MARYLAND		re	134 INSIDE CITY LIMITS?	13° 57° FF ADDRESS	GATE DR	. #21215	
ompletely ond 2 s		SHAIF	IDDLE LAST	v	ROCHELL	MIDDLE	I	AKODYA	
be execu on and c s. Pages e medico	160 V	VAS DECEASED EVER IN U.S. ARN (ES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	-4348	5719 HIGHGA	E DR. #	MON 21215		
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the death the ottending remove calentralmation, a er traumat		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE		-	Myscardial defer	lii .		
RDS, 201 W equires that n signed by ! Then please. I then please. injury, ar oth	Z	underlying couse lost. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT N			DITION GIVEN	IN PART 1(0)	=
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SICIAN: The I and physicion. The I certificate has ririol-transit per ental Hygiews leem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUS	LY IN ITEM 18, PART) OR PART 2)	
DIVISION O DING PHYSICI or attending 1 After this cert e os the burial of that and Ment	MEDICAL	21d. INJURY OCCURRED WHILE ON OT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		21f. LOCATION STREET	CITY OR TOV	M	COUNTY STATE	
TTEND pital a TOR: A far use of Heal		220.1 certify that (1) (this hospite saw the deceased alive on_ above, (1) (we) (did) (did not	9/30		d that in (my) (our) apinior	, 10	ate and hour a		st
IITAL OR A by the hosp the hosp the hosp the hosp the hosp the hosp than I be detached be detached be the minimal of the minimal of the hosp than the hosp than I be the hosp than the h		226. SIGNATURE GUARANTE (TYPE OR		(17)	ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE SIGNED 9/30/79	
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719 BP	(OCT. 2, 1979	ветн т		23d LOCATION BALTIMO	100	MARY LAND	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	NAME NAME	INSON & BROS	INC.		TE REC'D. BY REGISTRAR	256. RESISTRA		



Conditions, if only, which gover rise for interest in the constitution of the course of stations in the course of stations of the course of stations in the course of station for what is not related to the treminal obsass or course of stations in the	2/5	Items #18a-22a		10/11/39 ATEX PER PARTMENT OF HEAL		YGIENE O	0	8 0 8 0
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Marked 14. 19. 14. 19. 14. 19. 14. 19. 1) (IV	KYSTE				DEATH M.	ATED	
RATEO NOTE	m		AUG. 1,	1979 LAST BIRTHDAY] MC	NTHS DAYS HOURS	MIN. PRONOUNCE	D	7.11
10 CITYOR TOWN OF DEATH	FO	OREIGN COUNTRY)		MA		EDV X		
USUAL RESIDENCE IF MYNAME		CITY OR TOWN OF DEATH	AME OF HOSPI	ITAL, NURSING HOME, OR C	THER INSTITUTION			ORK 12b. KIND OF BUSINESS OR INDUSTRY
MASS DECEASED EVER IN U.S. ARMED FORCES? 188. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	130. 5	STATE	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN	and the same of		INE DRI	VE
NO. MR. ALFORD DALY 927 ARGONNE DRIVE		ALFORD		DALY	IRMA	MIDDE	#155 d	
PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF	16a. '	(YES, NO, OR UNKNOWN) (IF YES, GIVI	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECURITY NO.				NE DRIVE
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CITY OF TOWN		EXAMINER'S NAME Ani	n M. Dixon,	M.D.	ADDRESS	lll Penn St	•	
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	K			REGISTRAR		MIDDLE		ICATE OF DEATH		REG. NO			
40	e -			CEASED NAME FIRST OR PRINT)		MIDDLE		AST	2a. DATE OF	DEATH	MONTH DAY	YEAR	26. HOUR
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eath	in 7.	55	Ma	ryland	USA		WIDOWE			imore	City,		MD.
ě	with with	71	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL		ON OF WORKING LIFE)	12b. KIND OI	F BUSINESS OR
10	led to	31	Ba	altimore	Baltim	ore Cit	y Hospi	tal	Clerk		T WORKING EILE)	Pharma	acy
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours	d in		13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COUN		GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS	? Atse. STREET	ADDRESS	14 1		
ND 24	filled	35		ryland	2040	Baltime		YES NO DE			nore Av	zenue	
YLA	2 sh		-	THER'S NAME				15. MOTHER'S MAIDEN					
4 P	and and	30		Fred William	Crauf	LAST		Emma		MIDDLE	Bell	LAST	
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or the	tend e ca an, a			Conditions if you which	DUE TO, O	R AS A CONSE	OUENCE OF	BLEED					
PRE de	e of may notive			Conditions, if any, which gave rise to immediate	(b)—			12000					
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DS,	sign hen la bu		Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	JNIKIBUTING	IO DEATH BUT	NOT RELATED TO THE TE	KMINAL DISEAS	E OR CON	DITION GIVEN	IN PART ITO	
O. S	nit. T	-	CERTIFICATION	19a. DATE OF OPERATION	19b COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTO	PSY?	20h. IF YES. V	VERE FINDIN	GS USED
REC O	nas bermine permi		FIC	2/24/59		CITE				194	IN CERTIFYI	NG CAUSES	OF DEATH?
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ATTA	RECTOR ned for u ept. of H		7.8	abave, (1) (we) (did) (did no		after death.			on deom accorre	a on the ac	ate ona naur o		and the same of the same of
O. S.	- 0 0 0 ±			22b. SIGNATURE	1/2. 1	n p		DEGREE ATTENDING	MEDICAL	STAF	FF	JIL DATE	KINED
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2	5 -23 ₹		23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR CREMATOR	23d. LOCA	TION	cc	DUNTY	STATE
	BP			Burial	Sept :	29, 79 1	Morelan	d Memorial H			e Co.,		
	H - 16 50M 7/77		24. FU	INERAL DIRECTOR		ADDRESS	in the first	25a. C	DATE REC'D. BY R	EGISTRAR	256. REGISTRA	R'S SIGNATI	JRE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME ANIDDI F LAST 20 DATE OF DEATH MONTH 25. HOUR TYPE OR PRINT) HARRY DAUGHTERY. 9:57p SEPTEMBER 23 1979 Jr. 4 RACE 3. SEX # UNDER 24 HRS 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH HOURS B M 28 51 YRS In BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) BALTIOMRE CITY USA WIDOWED DIVORCED X IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Balto. JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13 TSIE TADDRESS Chapel St. 130 STATE Balto. 134. INSIDE CITY LIMITS? Md. 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Lizzie MIDDLE Daughterv Mann Harry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT IE YES, GIVE WAR OR DATES YES NO OR UNKNOWN) 4319 Park Hgts Av 212-26-5630 Eric S. Daughtery Korean APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 11 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY NOC mon IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which RITONITIS gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Tuberiulosis Suspected PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NOF YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER) 0 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL State PHYSICIAN | DIRECTOR | PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OR PRINTS 22e ADDRESS d be JUHNS plu DEPT II. BALTIMORE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Baltimore Co., Md Burial 9/28/79 King Mem. Pk. 24 FUNERAL DIRECTOR DHMH-16 25M 1101 E. North Ave. Wm G March F/H (VRA 15, 4) 1/79

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR 20. DATE KNOWN XX MONTH OF ESTI-TYPE OR PRINTS Genevieve Davis 2d. HOUR & AGE (IN YEARS IF UNDER 24 HRS 2c. DATE YFAR LAST BIRTHDAY PRONOUNCED 3/23/01 78 DEAD White Female To BIRTHPLACE (STATE OR WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland USA Baltimore City. DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK OR INDUSTRY Secretary Baltimore City Finance Wendover Road 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3c. CITY OR TOWN Baltimore Wendover Road Maryland NO [4. FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE James Davis Annie Murphy 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 6956 Margaret M. Davis Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? VARDED TO THE CHIE AGE 3 SHOULD BE US ATE DEPART/AENT OF 201 PRIOR TO BURIAL, (YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection X 220. I certify that I taok and in my opinion ARYLAND. Undetermined manner death resulted fram: DIRECT TITLE (SPECIFY) EXECUTE SPACE A SHOC. TO FUNERAL DIVATER DEATH, V ACTUAL Deputy Chiefmedical examiner 9/11/79 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn ST. Balto., MD (TYPE OR PRINT) 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY STATE Burial New Cathedral Balto Md BP & Sons Co. 24. FUNERAL DIRECTOR Henry W. Jenkins **DHMH - 17** (VR A15 ME (5)) 1905 York Road Balto. Md. 15M 7/76

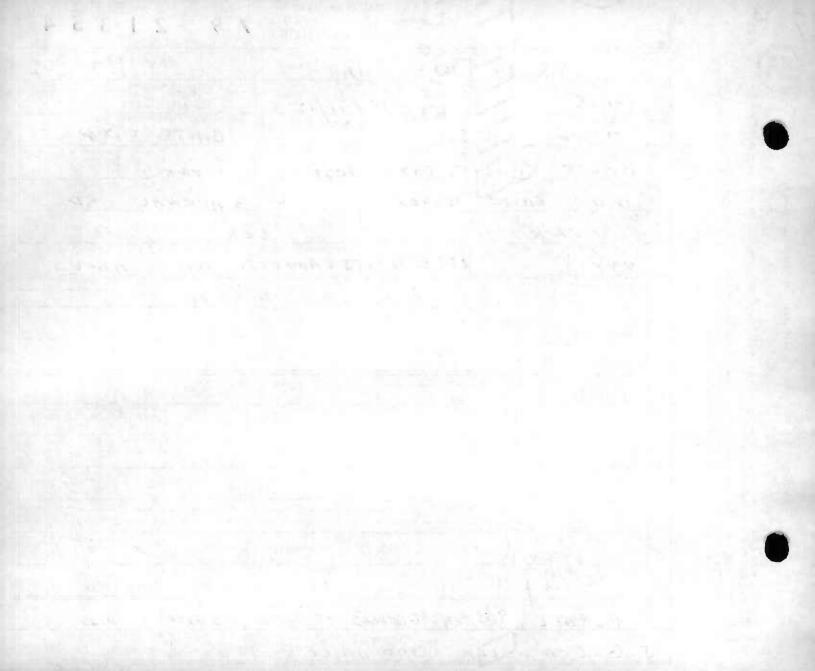
STATE OF MARYLAND

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5	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE / 9 2	1853
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) ARL 3. SEX 4. RACE 5. DATE OF BI 6 AGE (IN YEARS LAST BIRTHDAY) YEAR DAYS HOURS 11175 10 7a. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED ENN DIVORCED [WIDOWEDE 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CIT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 VAK USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS BALTE ESSEX RD mo UENAL 4. FATHERS NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST puo VNK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS I (IF YES, GIVE WAR OR DATES) YES, NO OR UNKNOWN) 23505 1289 UNK TEANNETTE ABOVE DAY 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6: CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO IT and Mental Hygie Item 18 sho 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 21f. LOCATION 0 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE orked NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from_ , that (I) (we) lost sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not with 22b. SIGNATURE DEGREE 22c. DATE ATTENDING TO FUNERAL D should be detack with the State D MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 73b. DATE COUNTY STATE (SPECIEY) GARDENS BALTO. BP MD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS SCO DHMH - 16 60M 1/75 (VRA 15 (4)) CONNELLY MACE



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Item 19b. g 535 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE dad CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DAY 2h HOUR Deanes 79 1:53A 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR F UNDER 24 HRS YEAR 4 65 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE, CITY DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY VAMC. 3900 LOCH RAVEN BLVD., 21218 RT. 206 PASADENA, MD. NO F 15 MOTHER'S MAIDEN NAME MIDDLE LAST Deanes ADDRESS 17 INFORMANT Bernice Deanes 307 Catherine Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 211. LOCATION CITY OR TOWN 3900 LOCH RAVEN BLVD., BALTO. MD. and that in (our) apinion death occurred on the date and hour and from the causes stated 22r DATE SIGNED STAFF MEDICAL *PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. Charles A. Rice 1300 Eutaw Place

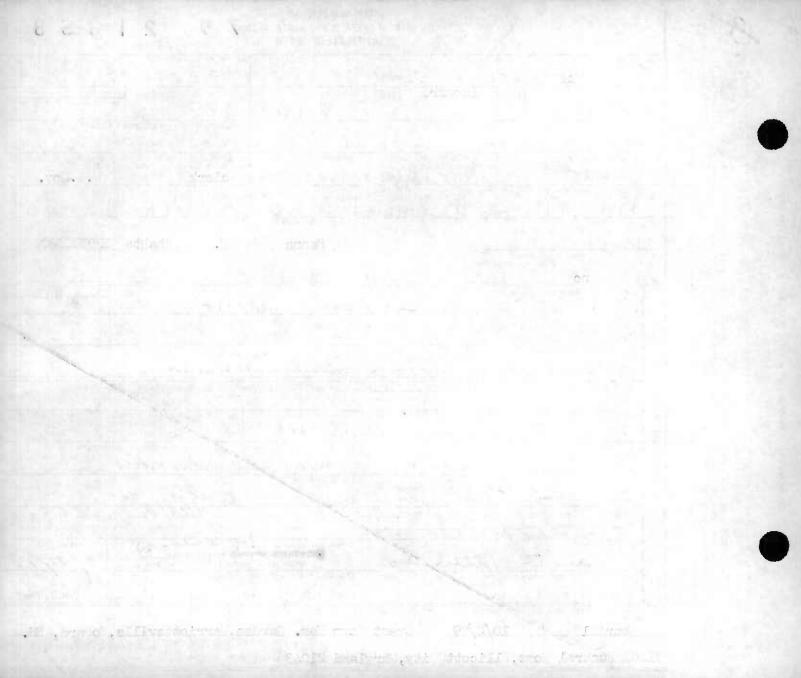
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33	FOR - STATE REGISTRAR		STATE OF MARYLAN DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIEN 9	2 1 8 5 8
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neral direction 72 have.	70 BIRTHPLACE (STATE OR FI	1 1 . C	COUNTRY? 8 MARRIED NEVER MA	9 BALTIMOPÈ CITY OP	COUNTY OF DEATH
on softer de by the furified within	BACTIMENTE CH	(IF NOT IN SUCH FACILITY	AL, NURSING HOME OR OTHER INSTITUTE, GIVE STREET ADDRESS)	JTION 12a USUAL OCCUPATION	N 12b. KIND OF BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be file	13a. STATE	FING HOME OR OTHER INSTITUTION GIVE RES			Toudleap Ct.
	14. FATHER'S NAME FIRST	MIDDLE	LAST 15. MOTHER'S M FIRS PEAN Hann	a H. Ch	ahta XXXXX
BALTIMORE, onto the be executed and complets. Pages 1 years, pages 1, the medical	160. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? 16b SC [16 Yes, GIVE WAR OR DATES]	OCIAL SECURITY NO. 17 INFORMANT	ADDRES:	
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TO HOSPITAL (retoined by the TO FUNERAL (should be detoined with the State [MAPORTANT: #		t. BELLIS	220 ADDRESS	CONTRACT UNIV. OF A	ID. HOSP. BALT. MD
	230. BURIAL, CREMATION,		23c NAME OF CEMETERY OR CRE	CITY OR TOWN	COUNTY STATE
BP DHMH - 16 50M 1/76	24 FUNERAL DIRECTOR	10/2/79	ADDRESS	25a. DATE REC'D. BY REGISTRAR 25	ville Howard Md
(VR A 15 (4))	SLACK Funera	I Home Ellicott	City Maryland 2104	3 OCT 0 4 19/9	



(M)		REGISTRAR CEASED NAME FIRST CORPRINT) THE	DORA H	MIDDLE	DEARMON		REG. N 20. DATE OF DEATH SEPTEMBI	MONTH D		26. HOUR 4:45
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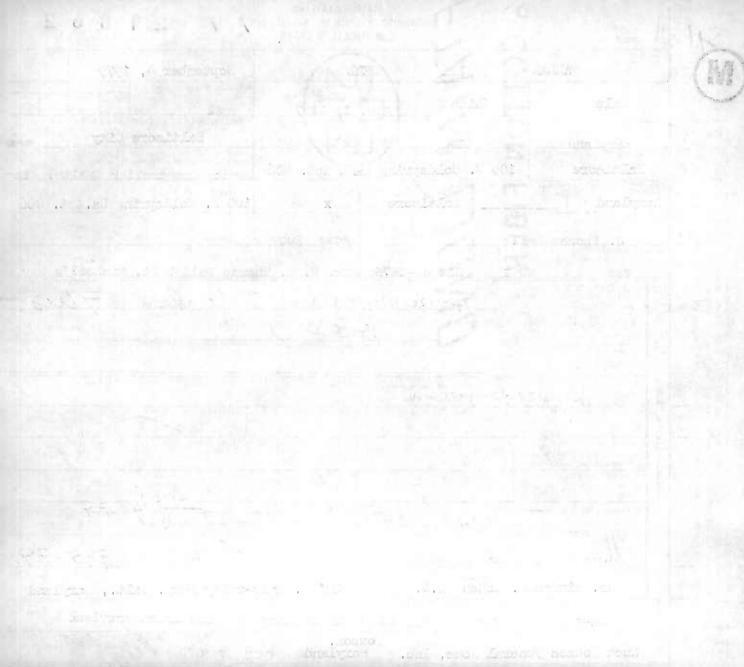
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5/	٦	18 CAUSE OF DEATH (Enter on	y ane cause per line far (a), (b), and	d (c).)		APPROXIMATE INTE
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		Canditians, if any, which gave rise to immediate	(b) Maeno	rarcinoma of 59	omach.	0 - 0
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
	,	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
alu Aud	CERTIFICATION	9a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USE
a swows of swows	FE	7-12-70	adeno conci	noma of Stomach	YES NOT YES	NG CAUSES OF DEA
- / -		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
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N. C.		AT WORK		6, 20 10 10	to 9 - 10	19 that (1)
		saw the deceased alive an	al) attended the deceased from	. 17	death accurred an the date and haur a	, mar (1)
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MPORTANI		22d. PHYSICIAN SNAME (TYPE OF	gin Lim	3001 Sou	th Hanover St.	Baltmore
9		IDIAL COEMAZIONI DELIGITA	123b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
Z 25	3a. B	JRIAL, CREMATION, REMOVAL	, ,			OUNTY 5
_ 23	H	PECIFY) Chtombment NERAL DIRECTOR	, ,	rraine Park	Baltimore, N E REC'D. BY REGISTRAR 25b. RECISTRA	Maryland

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5	1-	FOR STATE REGISTRAR		DEPAI		EALTH AND M		REG. NO	2 1	8 6	
		CEASED NAME FIRST		MIDDLE	L	AST		2a. DATE OF DEATH	NONTH DAY	YEAR 2b.	HOUR
Pe of	(TIPE	JEANE	TTE	A. 2	DE	LANO			11 90	79 2	50 PM
po d	3. SEX		4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTH			JNDER 24 HRS
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Page House	76. BII	RTHPLACE (STATE OF FOREIGN		WHAT COUNTR	2Y2 8	D NEVER M.		9. BALTIMORE CITY OR		DEATH	
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	В	ALTIMORE	SINOINS	alt.	ADDRESS)	HOSA.	4	LABORER		BALTIM	ORE
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201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es that the death certificate be executed within 24 hours ned by the attending physician and completely filled in by please remove carbanpopers. Pages 1 and 2 should be fit uvial, cremation, ar removal. y, or other traumatic event, the medical examiner must be medical examiner.	(A	ES, NO, OR UNKNOWN) (IF YES, (SIVE WAR OR DATES)	218-12	2-3525	ARCHTE	M. DEI	LANO, 7234 M			
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d ST., BAL			ISED BY: IATE CAUSE (a)_	Se	phoen	no					
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ESTOr death ottendi ove coi rtion, o		Canditions, if any, which	(1b).		chaste	she	care	money	left	Mun	1
the a		gave rise to immediate couse (a), stating the	DUE TO	OR AS A CONSEC	DUENCE OF				- 0		
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ires the gned on plee burio		PART 2. OTHER SIGNIFICAN	IT CONDITIONS	ONTRIBUTING T	O DEATH BUT	NOT RELATED 1	TO THE TERM	INAL DISEASE OR COND	ITION GIVEN II	PART 1(o)	
DIVISION OF VITAL RECORDS, S NG PHYSICIAN: The low require r attending physicion. Wher this certificate has been sign os the buriok-transit permit. Then th and Mental Hygiene prior to bu orked or them 18 shows any injury.	CERTIFICATION			ROLL IN							1
bow relative to the second of	CAI	190 DATE OF OPERATION	19b. CON	DITION FOR WHI	ICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	206. IF YES, WE		
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Z = T ≥ × <		SURIAL, CREMATION, REMOV	'AL 23b. DATE	2.	3c. NAME OF C	EMETERY OR CI	REMATORY	23d. LOCATION CITY OR TOWN	COU	NTY	STATE
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DHMH - 16 50M 7/77	24. FU	JNERAL DIRECTOR		ADDRESS		21229	25a. DAT	E REC'D, BY REGISTRAR	GISTRAR	TURE	4
(VR A 15 (4))	HU	BBARD FUNERAL	HOME. I	NC. 410	7 WILKE	NS AVE.	PEP	1 4 19/9	Link		

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	n 73	555			US	Δ	WIDOWED [Balt	imore City	MD.
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BALTIMORE, MARYLAND 21201	0 0 0	hen		Yes 18 CAUSE OF DEATH (Enter		14-40-2		Mr. W. H. Th	iomas Dell S	SC. MICHA	PROXIMATE INTERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	n. has been permit.	6	CERTIFICATION	190. DATE OF CIPERATION	196 CONDITIO	N FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
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>			-	OR CONTRIBUTING CAUSE OF		MONTH D	AY YEAR				
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	ortal or sital or TOR:	5		220.1 certify that (I) (this had		eceosed from_	2 1	that in (my) (our) opinion	doubt conversed to the d	7 7 19 7 7	that (I) (we) lost
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	- 9 111 02 10	-		226 PHYSICIAN'S NAME (TYP	E. Carrier		2	2e ADDRESS		N The second	
	D 0 0 =	MPORTANT		Dr. Mirian	n L. Cohen	M.D.		201 E. Uni	versity Pkw	y. Balt., M	laryland
	5 a 5 a 3	<u> </u>	23a. E	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. 1	NAME OF CEM	NETERY OR CREMATORY	23d LOCATION	COLINTY	STATE
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DH	IMH - 16 50M 1/	76	24 FI	JNERAL DIRECTOR		ADDRESS	Tows	on 250. DAT	E REC'D. BY REGISTRAR	256. RESSTRAR'S SIG	NATURE
	(VR A 15 (4))			Ruck Towson I	Funeral Hom	ie. Inc.		ryland CI	D1 0 1979	progray/	to Colorador



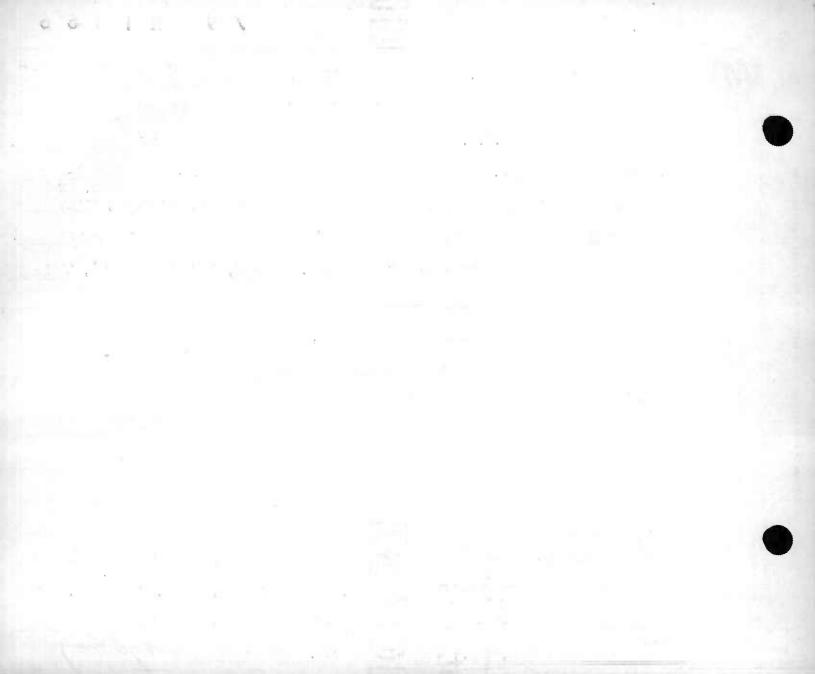
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rs ofter by the filled with	10 0	BALTO.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 2723	URSING HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V SALESM	WORKING LIFET INQUSTR	O OF BUSINESS OR
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TIMORE,		WAS DECEASED EVER IN U.S. AR I IF YES, GIV	MED FORCES? 166. SOCIAL BY WAR OR DATES)	SECURITY NO.	Hrs. Florence	ADDRES	-2723 k	plolais Dr
ORDS, 201 W. PRESTON ST., BAI requires that the death certificate is signed by the attending physic Then please remove carbonpape or to burial, cremation, or removal, injury, or other traumatic event, th	NOI	Conditions, if ony, which gove rise to immediate couse io), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (D BY, TE CAUSE (0) DUE TO, OR AS ACON! (b) DUE TO, OR AS A CON!	TERM	- Oular	MAL DISEASE OR OND	John .	OXWATE INTERVALEN ONSET AND DEATH
The low required to the low round to the low required to	CERTIFICATION	190. DATE OF OPERATION	96 CONDITION FOR W	HICH OPERATION		YES NO	20b. IF YES, WERE FIND INCERTIFYING CAUS YES []	ES OF DEATH?
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1767BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE	230 NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITYOR TOWN	O. COUNTY	STATE
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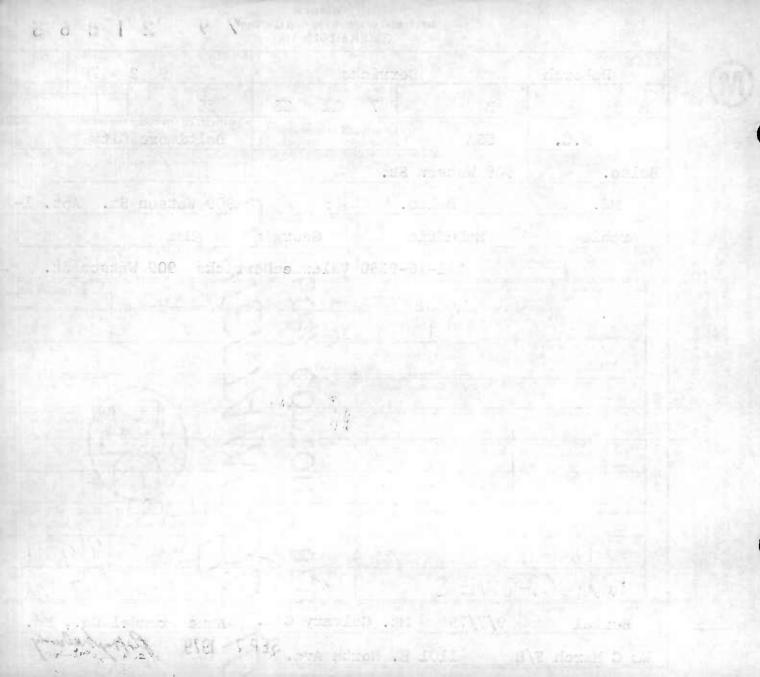
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(Au)		E OR PRINT)	2)		MIDDLE	BELL	LAST	20 DATE OF	KNOWN XX	MONTH D	DAY YEAR	2b. HOUR
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8 0 W 7 O		18. CAUSE OF DEATH (Ente		e per line	for (a), (b), and (c)	.)					APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
THE STATE OF THE S		PART I DEATH WAS CAI	USED BY: DIATE CAUSE (Ac	ute narc	otism						
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A SA		Conditions, if ony, w		(b)		- 13	e desing.					
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A E SE		//	//	1110	12		TITLE (SPECIFY)					
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DIC.		\		. 10								
TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, W BALTIMORE, MAR		(TYPE OR PRINT)	nomas D	. Smi	th, M.D.		ADDRESS11	1 Penn ST)., MD	•	
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1/208 BP	B	urial	9/13,	/79	Arbu	tus Me	em. Pk.		us, Mo			
DHMH-17		NAME DIRECTOR		ADDRESS				E REC'D. BY REGIST	RAR 256 REGI	STRAR'S SIG	Creely	
(VR A15 ME (5)) 15M 7/76	W	m C March F	T/H	11	01 E. N	orth A	Ave SE	P141979	1	/	/	

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	3. SE		4 RACE		5. DATE OF	BIRTH		6. AGE (IN YE	ARS LAST BIRTH		IF UNDER 1 YE	_	NDER 24 HRS
		M	В		MONTH	11	23	50	6	YRS	MONTHS DAY	YS HOL	JRS MIN
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35	USU 130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIV ITY 13	RESIDENCE BEFORE CONTROL Balto.	E ADMISSION)	3d INSIDE CI	TY LIMITS?	13e. SIREEJ	Wat:	son S	St.	Apt	. 1-4
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1	160	VAS DECEASED EVER IN U.S. AR, YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	6. SOCIAL SECU 41–16–		Valer	i e eDe:	rrick	ADDRE		atson	St	
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9	CERTIFICATION	19a date of operation	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTO	PSY?	IN CERTIF	S, WERE FIN	SES OF D	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			AY YEAR	21¢ HOW INJ	JURY OCCURR	ED (ENTERNAT	URE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART	2)	
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5		22a. I certify that (I) (this haspin saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE		19		that in (my) (, 19 (aur) opinion d	eath accurred	d on the da	te and hour	r and from		(I) (we) last es stated
		22d. PHYSICIAN'S NAME MYPE O	me		MO	A	TTENDING HYSICIAN T	MEDICAL DRECTOR [STAF PHYSIC	F IAN 🗌	19/	11	21
MPOKIAN		WM. GA	-UNE	R		113	3/2	ma		ne i	Sil	ti	nl
	230.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 9/7/7		NAME OF CEA	Lvary		23d. LOCA CITY OR Ann		runde	еТ Со	, • ,	Md.
		uneral director NAME Wan C March F/	Н	1101 E	. Nor	th Av	e SEP	REC'D. BY	79 ^{RAR}	25b. RE 31	A SIN	2 Con	dy



FOR

REGISTRAR

- STATE

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chemical Mgr. Floor Lady 1111 Weldon Avenue LAST 430 Joplin Street 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN COUNTY STATE Woodlawn Cemetery Woodlawn Baltimore 24. FUNERAL DIRECTOR 25th DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 20M 3631 Falls Road 21211 "Burgee Funeral Home (VRA 15, 4) 7/78 1979

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE "2

REG. NO

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IF UNDER I YEAR

2b. HOUR

IF UNDER 24 HRS

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व गा		3. Si	FEMALE	4 F	RACE WH	ITE	5 DATE (E 5,1916 YEAR	6. AGE (IN YEARS LAST ON	MC	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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ND 2 F2	in 28 to	USU 130	JAL RESIDENCE IN HURSH STATE MD.	G HOME OR OTH		GIVE RESIDENCE		134 INSIDE CITY LIMITS?	13. STREET ADDRESS	ONKLIN	G ST.	# 21224.
MARYLA	uted with	14 F	ATHER'S NAME FIRST ELMER	JOSE		ROMM		15 MOTHER'S MAIDEN NO.	CHARLOTT		TTO LAS	
BALTIMORE,	5		WAS DECEASED EVER II (YES, NO OR UNKNOWN)	U S. ARMEI (IF YES, GIVE WA			SECURITY NO. 1-2928	GERARD P. D	IETZ,SR. BA	742 S. LTO.,	41444	ING ST. MD. MATE INTERVAL PASET AND DEATH
IDS, 201 W. PRESTON ST.	Victorials that the death design and a second the secon	NO	Conditions, if ony, gove rise to imm cause to storing underlying cause	which edipte the lost	DUE TO, O (b) DUE TO, O (c)	RAS A CONS	EQUENCE OF	al inface	gemi sho		N IN PART 10	2)
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) HOSPITAL OR ATTENU ained by the hospital or at FUNEAL DIRECTOR. With the State Dept. of Health the State Dept.		22e. I certify that (I) (I) sow the decease obove. II we let 22b. SIGN PRI	d olive on di (did not) vi	D G	ofter death.	el m	22e ADDRESS	MEDICAL STA	FF IANX	ond from the	SIGNED 7/79 VS 1+25PUTML
	of a spin Market	230.	BURIAL, CREMATION, F	EMOVAL :	236. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY M	STATE
26	DHMH-16 25M (VRA 15, 4) 1/79	24	BURIA UNERAL DIRECTOR Charles S. J.	iler+Sc	0m, 2in	901 _{RE} BALT		TING SI.	TEREC'D. BY REGISTRAN			

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DHMH - 16 60M 7/73 (VRA 15 (4))

- STATE

REGISTRAR

5:00 PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS. BALTIMORE CITY OR COUNTY OF DEATH BAltimore 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE INDUSTRY 3810 Elmora Ave-21213 220-01-4879Madeline Celozzi, 3810 Elmora Ave-13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Burial Sacred Heart of Jesus, Baltimore, County 24. FUNERAL DIRECTOR Schimunek Funeral H: ome, 3331 Brehms La 2121

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

REG. NO

26 HOUR

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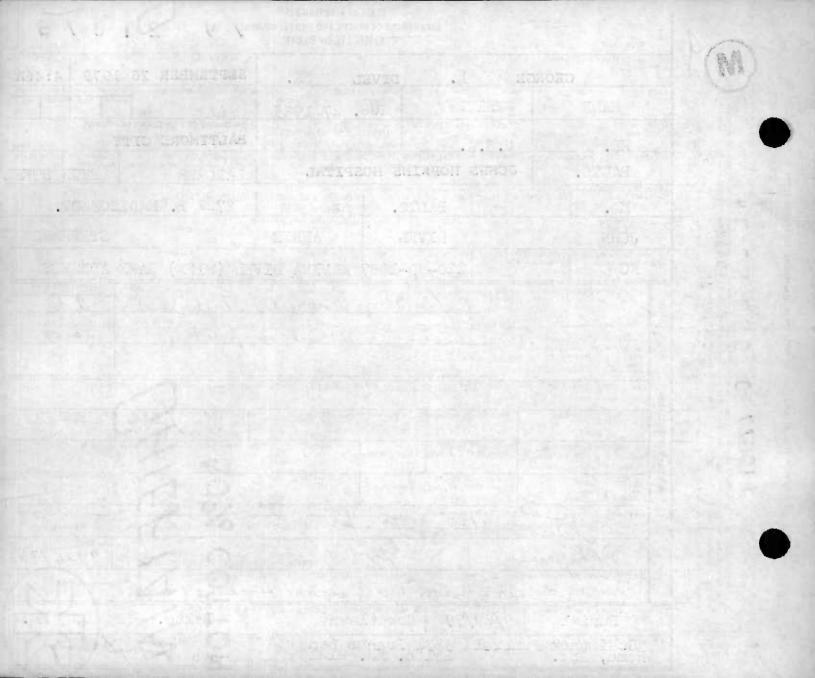
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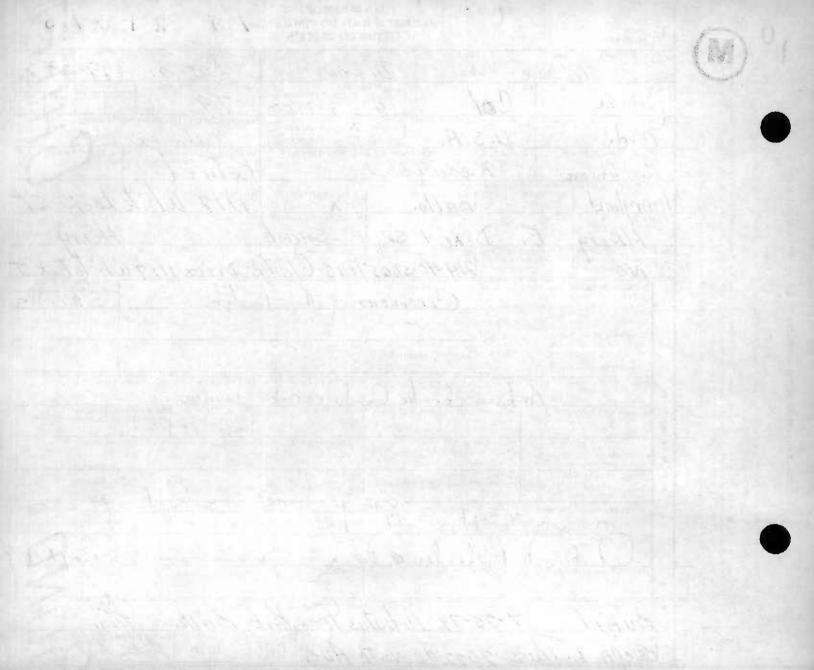
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EX AMINER'S CERTIFI REGISTRAR DECEASED NAME 20 DATE KNOWN XX MONTH 2b HOUR LIMB CHARMS OF ESTI-DEATH MATED James Dinisio. MARTIN 19 79 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH DATE LAST BIRTHOAY PRONOUNCED male white 19 79 DEAD P . M Ja BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Union Memorial Hospital Baltimore STUCKENT USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (IF YES, GIVE WAR OR DATES) (YES, NO. OR UNKNOWN) MR. MARTIN DINISIO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: Asphyxia from hanging by neck IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 21g EXTERNAL CAUSE WAS 116. TIME OF INJURY approx 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR Unknown CONTRIBUTING CAUSE OF DEATH \$:00 P.M. 218. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED MD STATE WHILE AT WORK AT WORK 4101 Montana Avenue, Baltimore at home/closet 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry death resulted from Undetermined manner + XX TITLE (SPECIFY) ACTUAL SIGNATURE 9/24/79 MD Assistant -- MEDICAL EXAMINER SIGNED. 111 Penn Street, Baltimore, MD 21201 Hormez R. Guard, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE COUNTY BALTON PV DEGISTRAR 1756. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M7/76

the Cartaline of the State of t All so wanted The state of the s TO SEE THE COURT OF THE PROPERTY OF THE PROPER

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT! SEPTEMBER 26 1979 GEORGE SR. 4:46A DIVEL 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR WHITE MALE AUG. 1935 To BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED COUNTRY BALTIMORE CITY MD WIDOWED IB CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR JOHNS 'AHOPKINS" HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO. LABORER BETH STEEL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 1136 CITY OR TOWN BALTO 2722 E. 13d. INSIDE CITY LIMITS? MADISON ST. MD. YES.X NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ANNIE DIVEL STEPHENS JOHN 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220-30-1687 ALVINA DIVEL SAME ADDRESS WIFE) MOE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O 42055 Conditions, if any, which D 2 gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) = 0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe NOF NO I YES [Fransit 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspited) attended the deceased from and that in (my) (bur) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22c DATE SIGNED DEGREE 0 ATTENDING MEDICAL MI FUNERAL Did be determent the State D should be defined with the State PHYSICIAN [] DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22a. ADDRESS Johns Hopkins Hos Kowsth 230 NAME OF CEMETERY OR CREMATORY Crestlawn 230. BURIAL, CREMATION, REMOVAL 23d LOCATION Balto. Md. COUNTY (SPECIFY) Burial 24. FUNESCHIEGIOUNEK Funeral 250. DATE REC'D. BY REGISTRAR 251 SEGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) Home, Inc.

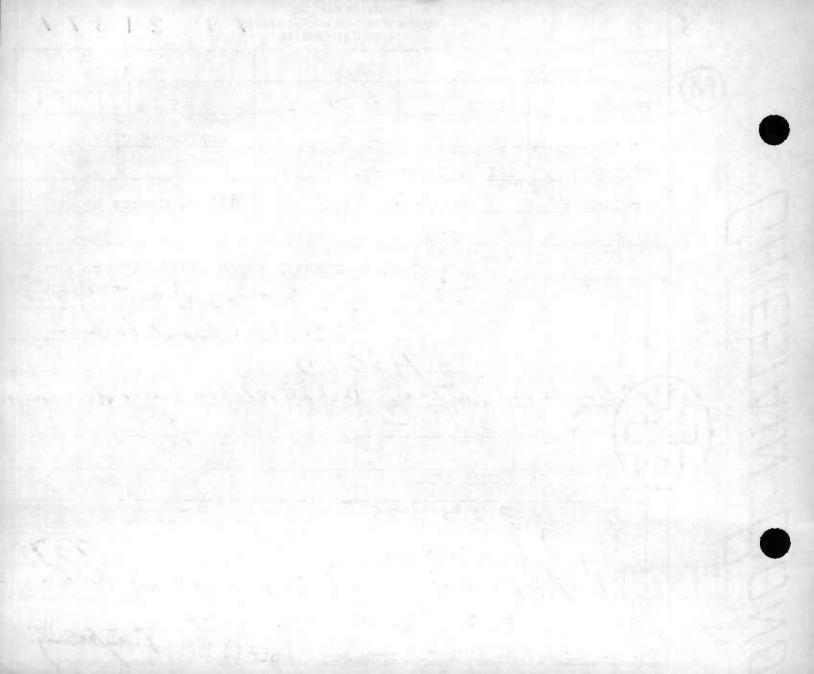




C. March F/H 1101 E. North Ave

(VR A 15 (4))

1979



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II W. PRESTON ST., B., that the death certifical by the attending physes remove carbon papel, crematian, or removar ather troumotic event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF	INFARCTION	V		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I HOUR	-
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ITAL OR A by the hos by the hos detoched frate Dept.		22b. SIGNATURE	a Mary	leg 1	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (2)	9/18/79	
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102 BP	(:	BURIAL BURIAL	236. DATE 9/21/7		EW MEM PAI	23d LOCATION CITY OF TOWN	cou	MD.	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FU	John J Coul	(211 01	ADDRESS AC-	25a. DA	SEP 2"4"1979	25b. REGISTRAR	SSIGNATURE	

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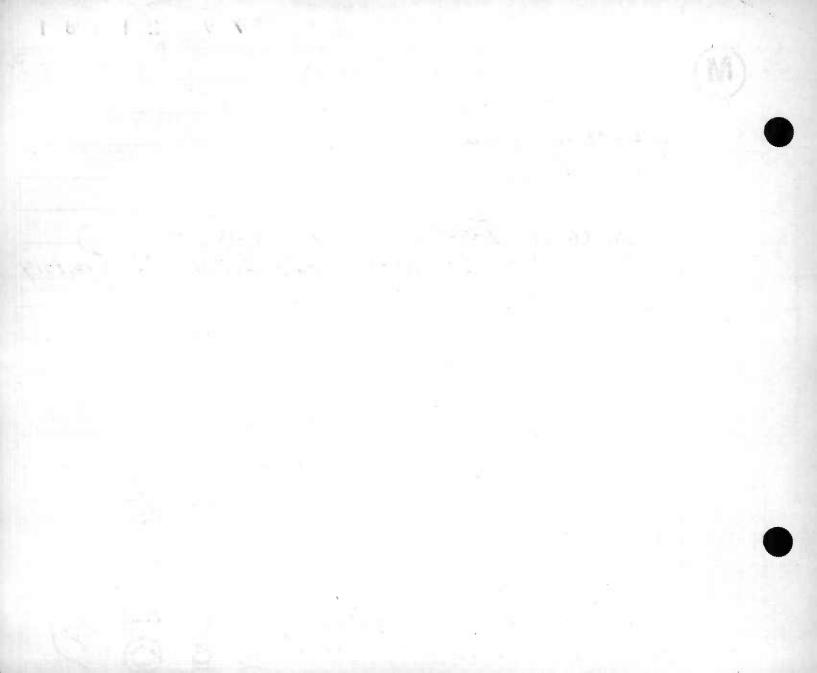
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 20. DATE KNOWN A MONTH 2h. HOUR (TYPE OR PRINT) OF ESTI-Tyrone DEATH MATED 19 2d 510126 4 RACE F UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 10 79 DEAD 1947 Male Black 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland Baltimore IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY 237 N. Monroe Street FOR MOST OF WORKING LIFE) Baltimore City Rigger Shipyard JSUAL RESIDENCE LIF IN HURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREET ADDRESS 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto YES Md NO D 3102 Piquett Lane 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Thelma Dorsey WallFrank DIVISION OF 64 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Thelma Dorsey Smith 3102 Piquett Lane 219 50 4642 1966-1968 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound to chest unspecified) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? OF PRIOR TO BURIAL, YES X NO 710 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING X OR MEDICAL 19 70 CONTRIBUTING CAUSE OF DEATH shot by assailant IF LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK house Monroe St. Balto MD Inquiry d above, held an Inspection Hamicide X Undetermined manner death resulted fram-TITLE (SPECIFY) ACTUAL TO FUNERAL I
AFTER DEATH,
BALTJMORE, MA M Deputy Chiefedical EXAMINER SIGNATIERS EXAMINER'S NAME Thomas D. Smith. M.D. Penn St. Balto., MD TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY (SPECIFY) Baltimore, Maryland 9-7-79 Burial Baltimore National 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Isaiah L. Brown & Son PA 1913 W. Balto. Staff 15M 7/76

STREET, STATE OF THE PROPERTY OF STATE Marie San John Marie William William State Committee of the Committee of t

1	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		2	1 8	8 3
	DECEASED NAME	FIRST	^	AIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
		Bessie	9	М.	DOU!	TY	September	10, 1	979	6:10 A
/ 3	SEX		4 RACE		5 DATE C		& AGE (IN YEARS LAST		IF UNDER 1 YEA	
	FEMALE		WHITE		JAN.	30, 1885	94	YRS.	MONTHS DAY	S HOURS MIN
35 76.	BIRTHPLACE (STATE OR COUNTRY) MARYLAND	FOREIGN	TE CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	DI NEVER MARRIED	Baltimore CIT			
5 10	CITY OR TOWN OF DE Baltimore	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUP (TYPE OF WORK FOR MO HOMEMAKE	ATION ST OF WORKING L	12b. KIND	OF BUSINESS O
13	SUAL RESIDENCE (# NUR 6 STATE MARYLAND	ISING HOME OR IBALTI	OTHER INSTITUTION, ITY MORE	GIVE RESIDENCE BEFORE 131. CITY OR TOW TOWSON	admission) N	13d. INSIDE CITY LIMITS? YES NO A	13n. STREET ADDRE 307 GARD	ss EN RD.		
30	FATHER'S NAME FIRST HARRY	٨	AIDDLE M	URRAY		IS MOTHER'S MAIDEN NA	ME	E	TUCKE	AST IR
1	(YES, NO OR UNKNOWN)		WED FORCES? WAR OR DATES)	216-05-3		MRS. DONALD		dress 07 GARI	DEN RD.	21 20 4
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× ×						NOT RELATED TO THE TERM		ONDITION GI	VEN IN PART	1(0)
S shows ony injury	190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTI	S, WERE FIND FYING CAUSI ES	NGS USED ES OF DEATH?
8 6	OR CONTRIBUTING	CAUSE OF DEA	216. TIME OF	M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18,	PART 1 OR PART 2	
d or frem	(IF EITHER, NOTIFY MEDIC		P./		19	21f LOCATION				

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He MPORTANT If hem 21

Tortolani Edmund C. 234. BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE

M.D. 22R ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 9/10/79

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

WOODLAWN CEM.

c/o Maruland General

23d LOCATION CITY OR TOWN

COUNTY

STATE

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR

BURIAL

226. SIGNATURE

ADDRESS MITCHELL-WIEDEFELD HOME

6500 YORK RD.

WOODLAWN 250 DATE REC'D. BY REGISTRAR 256. RECUE AS SIGN

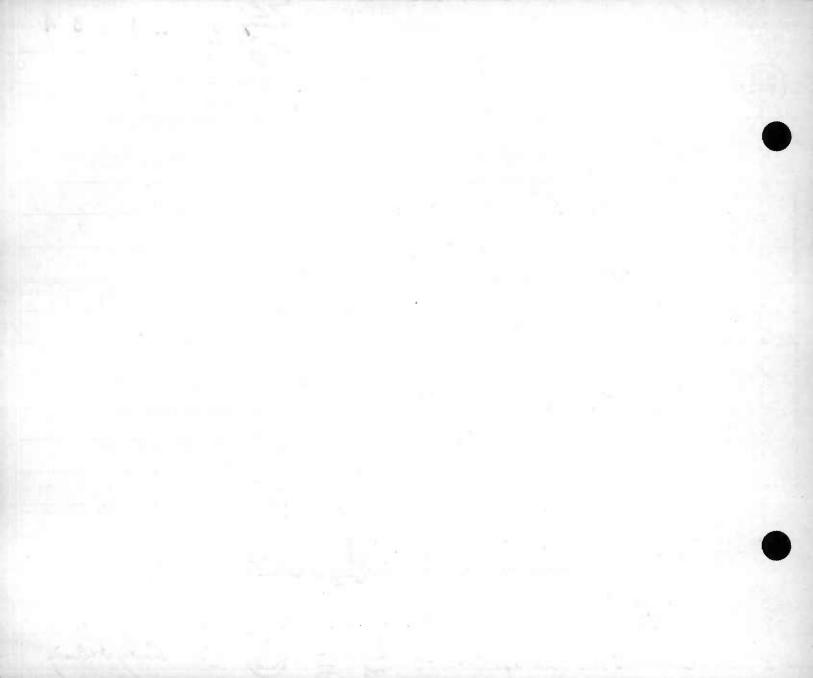
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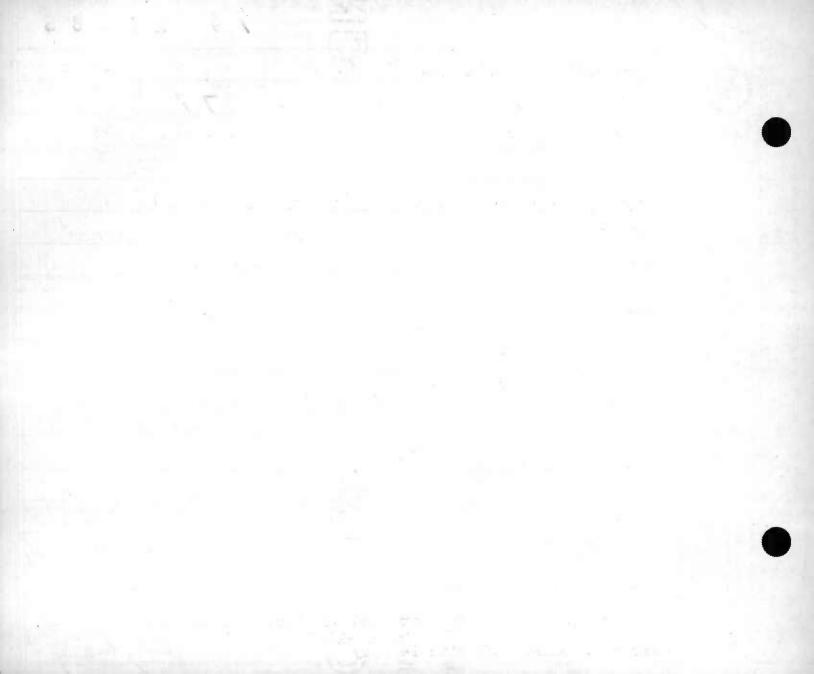
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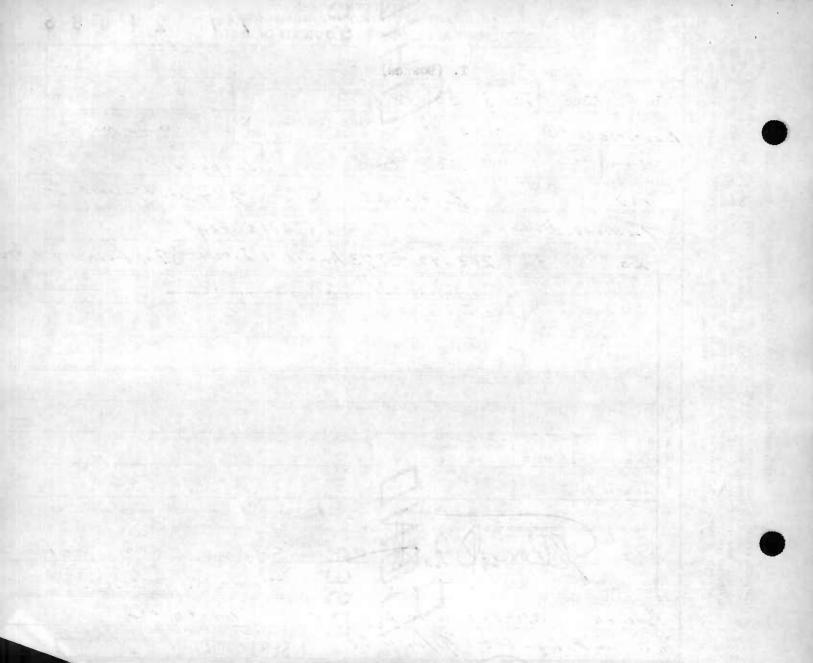
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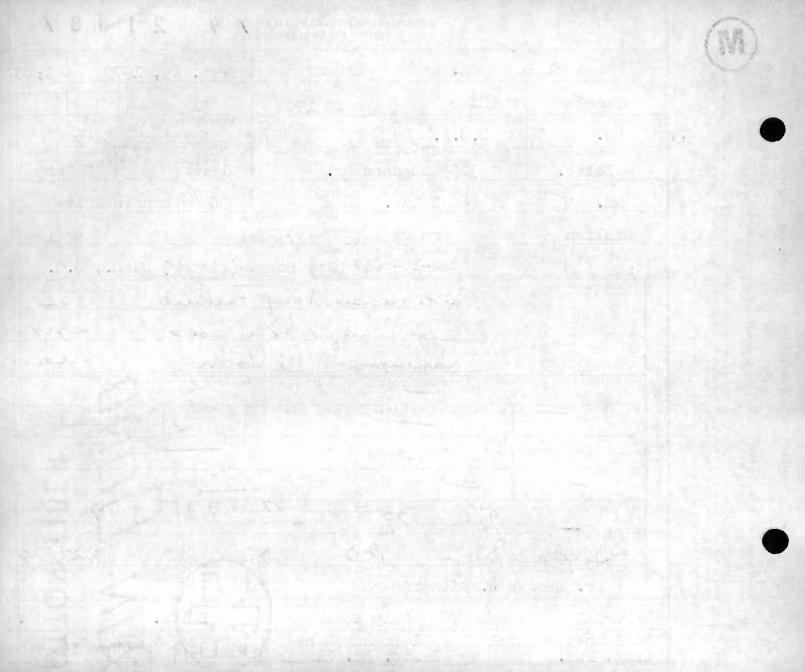




FOR Items 10a. 8 22a. DEPARTMENT OF STATE FILM G536 10-8-79 MEDICAL EXAM . DECEASED NAME 20. DATE KNOWN 75 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED T. (Downes) John Downs 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Black 20 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? Jo BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City. WIDOWED [] DIVORCED SALTIMORG ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION N. Mount Street Baltimore City LASONER USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS. Mount St 13b. COUNTY MITIMORE MD 15 MOTHER'S MAIDEN NAME HOMAS DOMPOLENS COLOSTE ROY PAGES I AND 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. R IN U.S. ARMED FORCES 3873 ANNIS M. S. MMS 3911 FAIR VIEW (YES, NO, OR UNKNOWN) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) Acute ethanol intoxication Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? WARDED TO THE CHIE AGE 3 SHOULD BE US FATE DEPART/AENT OF 201 PRIOR TO BURIAL, (OF YES [] NOXX BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY Inspection X 22a. I certify that I tack sh of the remains described rubeve, held on Autapsy Inquiry and in my apinion ARYLAND, Undetermined manner Suicide Hamicide . death resulted Accidient DIRECT TITLE (SPECIFY) ACTUAL TO MEDICAL E
EXECUTE THE O
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, 9
BALTJMORE, MA Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAM Thomas D. Smith, M.D. 111 Penn St. Balto., M.D (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY STATE My AUGUAN 250. DATE REC'D. BY REGISTRAR 21 + 1 AR'S SGNATURE Mansform & / trype & 3 Agres Golomon St **DHMH - 17** VR A15 ME (5)) 15M 7/76



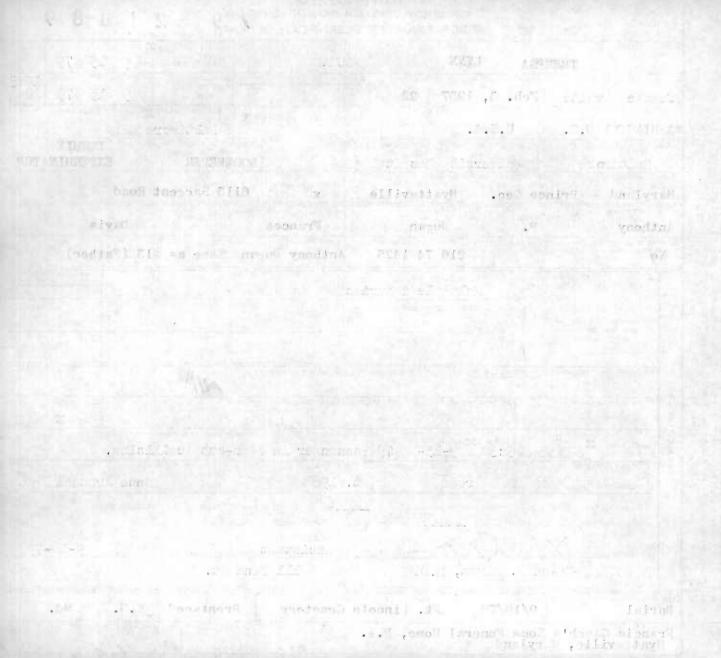
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,



	11				STAT	E OF MARYLAND				
7	7	1 -	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HYG	REG. N	2	8 8	8
		DEC	EASED NAME FIRST	WIDDLE		LAST		MONTH DAY		b. HOUR
			MARC	IA R.	DR	umboole	S	EPT 17	1979	8:35Am
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ould be	1	USUA 13a. Si	U		RTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1/2.7	1.01.10	DV.
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	, 1		AS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	CISTOF	Dhan
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icio ers.	-	T	18. CAUSE OF DEATH (Enter only	y one couse per line for (a)	(h) and (c)	MROGUE !	or wingone	107	APPROXIMA	ATE INTERVAL SET AND DEATH
physic on pop emovo event, t			PART I. DEATH WAS CAUSED	ECAUSE (0) PULMO		INSUPFICE	ENCY		TD,	4 4 5
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rer			gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CON	SEOUENCE OF					
gned en plec buriol iry, or			PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o)	
or ior	-	CERTIFICATION	9g. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	NI WAS DEDECDAMED	20a. AUTOPSY?	TON IEVES W	VERE FINDING	CHEED
W.S	2	FIC	THE DATE OF OVERATION	176. CONDITION FOR V	THE OTERATIO	IN WAS FERI ORMED		IN CERTIFYIN	NG CAUSES O	F DEATH?
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buriol-to Mentol or Item	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION		-		
ond ond ked		M.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	/14	COUNTY	STATE
se os solth mor		1	220.1 certify that (I) (this bear	ottended the deceased	from MAK	CH 19 77	10 SEPT 1	7 19	79 the	at (I) (we) last
or u of He 21 is			sow the deceased alive on obove, (1) (we) (did) (did not			nd that in (my) (***) opinion (ote and hour o		
oched fo Dept. of If Item 2		1	22b. SIGNATURE	view the body offer deoth.		DEGREE			22c. DATE SIG	GNED
detoched ote Dept.			andren	M Clear	rev 1	PHYSICIAN	MEDICAL STAF		SEPT 1	71979
be de Sto	7		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		220. ADDRESS JOHO	4.8	_	"ITAL	
TO FUNERAL I should be deto with the Stote I IMPORTANT: IF			ANDREW M. Y	EAGER M.	0.	BAI	O		1205	
5 € ₹ <u>₹</u> –		3a. Bl	JRIAL CREMATION REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			CY.Y.
		(5)	Burial	9/21/79	Baltim	ore Cem.	Baltime	ore, 🖔	ld.	STATE
50M7/77	1	4 FU	NERAL DIRECTOR	ADDRI			E REC'D, BY REGISTRAR	25b. P. GISTRA		
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VERNERAL CONTRACTOR OF THE PARTY OF T 2/14/2 . Dell'arrors, lad. The C. Sernic F. H. C. Howkin Ave. C. Seric Strain Ave.

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	2-11-2		EASED NAME		FIRST			MIDDLE			LAST	1		2a. DATE OF	KNOWN ESTI-	MON.	TH DAY	YEAR	2b. HOUR
GAB	SE. RRS. ET,	(IIII)	OK PKIITI)		THERE	SA	L	INN		1	DUGAN	ſ			MATED	0 9	15	1979	M
	SARY, PLEASE AL DIRECTOR, YOUR FILES, IN 72 HOURS STON STREET,	3. SEX	male	4 RACE		MONTH	3,	YEAR 957	6 AGE (IN LAST BIRT 22	YEARS IF U			R 24 HRS. MIN.	PRONOUT DEAD	NCED	монт			10930
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21201	AND 3 THOULD BE CORD B	13a ST	RESIDENCE (ATE ryland	[1	Princ	Y		113c C11	TY OR TOWN	1	13d. INSIO	E CITY LIMITS?	13e SIR	15 Sa	rgent	t Roa	đ		
MD.	OURS AFTER DEATH. IF IS. GWE PAGES 1, 2, S WITH FORM PM 3. IT. PAGES 1 AND 2 SF ODVISION ON/ITAL R		THER'S NAME thony			P.			last Igan		F	HER'S MAID FIRST Tances		٨	MIDDLE		avis	LAST	
BALTIMORE,	AFTER DI NVE PAGE TH FORM ISION OP ISION OP	160. W	AS DECEASED S, NO, OR UNKNO O	EVER II	N U.S. ARM (IF YES, GIVE V	AED FORG	ES)		74 14		Anth	ony D	ıgan	Same	as #		Fath	er)	
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DIVISION OF VITAL RECORDS,	S CERTIFICATE SHOURING THE WORD YOUR THE CHIENE S SHOULD BE USE DEPARTMENT OF PRIOR TO BURRAL, OF THE SHORT TO BURRAL, OF THE	AL CER	210 EXTERNA UNDERLYING CONTRIBUTION	12		H	in time of Hour axa :30 _{P.M}	THOM 2		AR		er in							
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	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 13		22a. 1 certif	,		e of the re	emoins des	cribed ob	bove, held or	Suicide	psy X,	Inspection Inspection		Inquiry ermined m		and in my	opinion		
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	MEDICA CUTE THE SE 4 SH FUNERA ER DEAT		EXAMINER'S		Ann	n M.	Dixo	n, M	D.		ADDRES		Penn						
500	PAGE AFTA	23a.BL	rial rial	TION, RE	MOVAL 23	9/19	/79		NAME OF C					CATION ORTOWN rentw	rood	P.G	OUNTY	Md	STATE
	DHMH - 17 (VR A15 ME (5)) 15M 7/76	² Fr	neral Directancis (Gasc ille	h's S	ons	Fune	ral I	Home,	P.A.			REC'D. B	REGISTRA	AR 25b. RE	GISTRAR	SSIGNA	ATURE	



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X	FOR STATE REGISTRAR	DEPARTMENT OF HEALTI CERTIFICAT	MARYLAND H AND MENTAL HYGIE E OF DEATH	FEG. NO	2 3	91
	ECEASED NAME FIRST PE OR PRINT!	4. RACE S DATE OF BIR	ex	20 DATE OF DEATH	9-25-7	YEAR 26 HOUR RIVEAR IF UNDER 24 H DAYS HOURS MI
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORECITYO	YRS	10 3
DSU USU	JAL RESIDENME (IF NURSING HOME OF	11. NAME OF HOSPITAL, NURSING HOME OR OTI	ty Hosq.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		KIND OF BUSINESS
E 11. F	STATE NAME FIRST OF A	YES	NSIDE CITY LYMITS?	STREET ADDRESS	Nal	LACT
E	WAS DECEASED EVER IN U.S. ARM (YES, NOORUNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SECURITY NO. 17 IN	NECEMANT A	ADDRE	NO13	Record
ar other troumotic event, the	PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF COLOR	DS mothes	as.	_ 8/	APPRÖXIMATE INTERVAL ETWEEN ONSET AND DEA
×		ONDITIONS CONTRIBUTING TO DEATH BUT NOT I			20b. IF YES, WERE	
18 shows any injur	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WA		YES NO	IN CERTIFYING C	AUSES OF DEATH?
or Item 18 s	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	LIQUID A MA MONITH DAM VEAD	HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR F	'ART 2)
is marked or	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION STREET	CITY OR TOW	N COU	NTY STATE
21	220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	9-25 - 19 28, and that	t in (my) (our) opinion de	oth accurred on the do		, that (I) (we) I am the couses stated
ANT. #	22d PHYSICIAN'S NAME (TYPE OR	llyhi	ATTENDING	MEDICAL STAF	FA	9/26/29
PORTANT:	How	IN LIM	B.	CIH		

23c. NAME OF CEMETERY OR CREMATORY

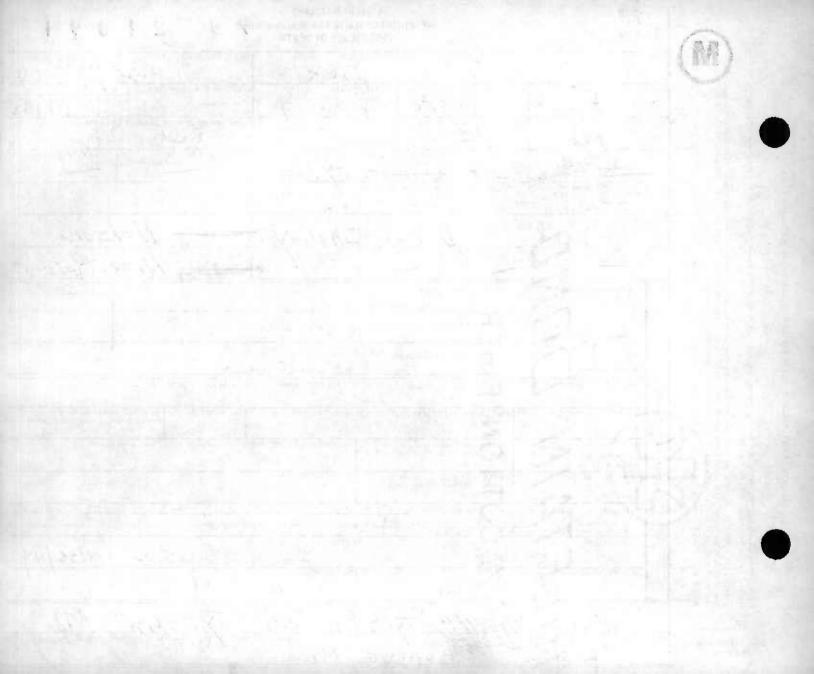
STATE

DHMH - 16 50M 1/76

230 BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR NAME MESSICK

(VR A 15 (4))



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In Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examiner must be notified at once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

he funeral director, page 3 within 72 hours after death

ond 2 sh

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				307506		

		REGISTRAR				CERTIF	ICATE OF DE	ATH	REG.	NO.		3
		CEASED NAME	FIRST		AIDDLE	L	AST	7 5 6	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(,,,,	OK PRINTI	XXXX	X JAME	ES	Е	ATON		15 M. 14 S. 14	9-20)-79	5:20PMM
	3. SEX	X	4	RACE		5. DATE C		VEAD	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		M		В		4	21	97°	82	YRS.	MOINTINS	NOOKS MIN
^		RTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MA	RRIED 🗆	9 BALTIMORE CITY	_		
U		N.		US	A	WIDOWE		RCED	Balti	more (City	MD.
5	10 CI	Balto.	ATH 1		HOSPITAL, NURSIN HEACILITY, GIVE STREET ICH HOME			UTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSITATE Md.	13b. COUNT		136 CITY OR TOWN Balto.		13d. INSIDE CITY	LIMITS?	13e STREET ADORES	stland	Ave.	
C	14. FA	Peter Peter	м	DDLE	Eaton		15. MOTHER'S A	ST.	WIDDLE		Banks	ST
1	160 W	VAS DECEASED EVER	IN U.S. ARM	NED FORCES?	166 SOCIAL SECU		17 INFORMAN			RESS		
		Yes, no or unknown)	WWI.	VAR OR DATES)	21:3-07-6	5410	Jennie	P. E	aton 18	322 Ru	tland Av	e.
		Conditions, if ony, gove rise to improve to improve to improve to improve the course to the course t	nediote ng the lost.	DUE TO, OF	LUNG R AS A CONSEQUE R AS A CONSEQUE DUTRIBUTING TO D	NCE OF	CANCER NOT RELATED TO	O THE TERMI	nal disease or cc	DINDITION G	IVEN IN PART 1	01
>	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	AED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	NGS USED 5 OF DEATH? NO
	MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	P./	M. MONTH DA M.	YEAR			ED (ENTER NATURE OF IN	JURY IN ITEM 18	, PART 1 OR PART 2)	
	MEC	216. INJURY OCCURE WHILE NOT WE AT WORK AT WO		21e. PLACE ((AT HOME, STR	DE INJURY EET, FACTORY, OFFICE, F	ARM, ETC.]	211. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
		22a I certify that (I) sow the decease above, (I) (we) (c	CO OTTAC OTT					19 79 ur) opinion d	, to			
		0	16	les			ATT PH		DIRECTOR PHY		9-2	20-79
		DR. C.				• ,	CORPORA	100 N TION B	BROADWAY ALTIMORE.			TAL XXX 21231
		BURIAL, CREMATION,	REMOVAL	9/25/			EMETERY OR CR		23d. LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

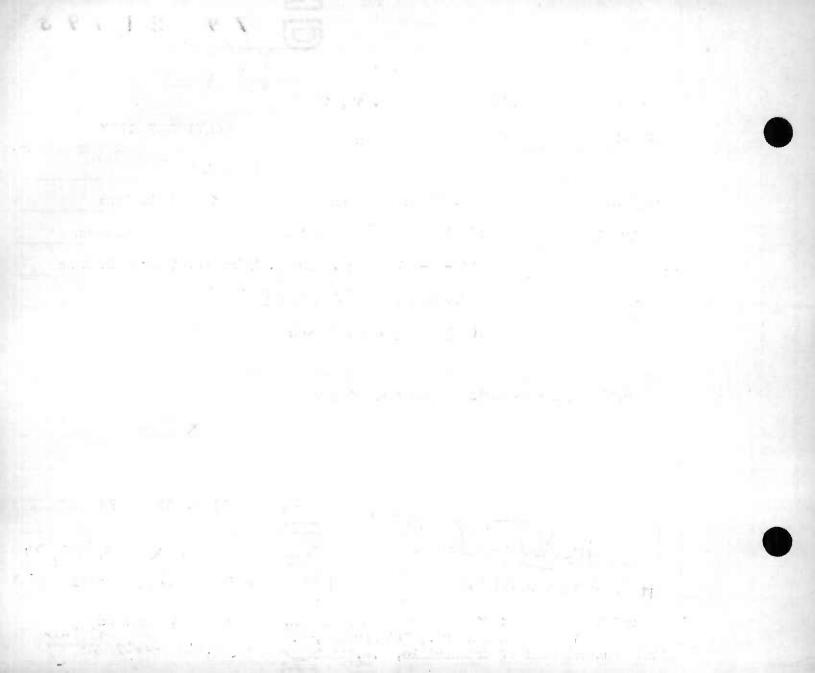
OR ATTENDING PHYSICIAN: The low

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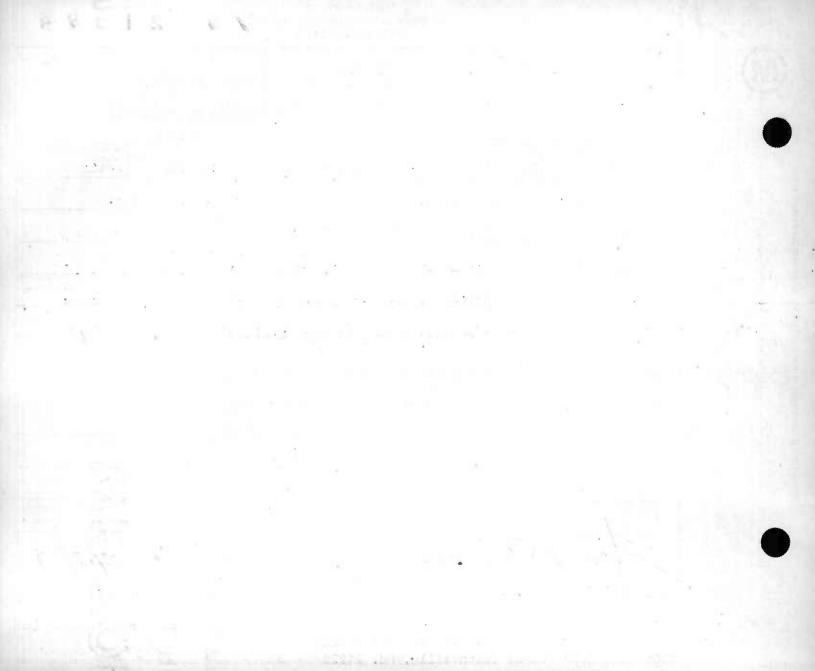
24. FUNERAL DIRECTOR
NAME
Wm C March F/H

1101 E. North Ave.

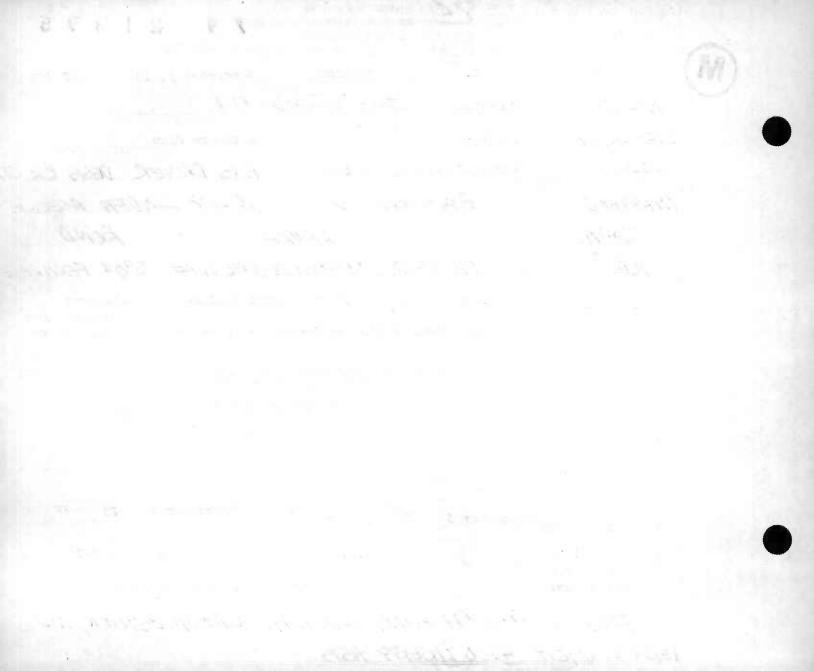
SEP 24 1373 Franky Johnson



1630 Edmondson Avenue Catonysille, Md. 21228







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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEWE - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME 2s. DATE OF DEATH 7:20 TYPE OR PRINTS Gertrude Genevieve Ekblad Sept. 11, 1979 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH UNDER 24 HRS YEAR Female White 1/3/13 66 BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto. City DIVORCED T 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Public Health (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto.City Service Hwf. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 1316 OUNTY 131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3911 Love Ave. Edgewood Md. Harford YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Agnes Peter Joseph Ouin Groom Margaret ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) 125-03-9665 Records- US PHS Hospital No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c PART I. DEATH WAS CAUSED BY Cardiac arrest, pacemaker failure Termina] IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF TO CAPTURE MITTAL STENOSIS Years Conditions, if ony, which cause (a), stating DUE TO, OR AS A CONSEQUENCE OF IBrillation Years underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION Diabetic cardiomyopathy Unknown 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pei NOTA NO F 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71 aCCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER! P.M 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from Sept Sent Kept. saw the deceased alvers abave, (liwe) (did) did and that in my) (aur) opinion death occurred an the date and hour and from the causes stated at) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED Cheryl A. Dickason, MD ALLENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 9/11/79 22d. PHY TOTAL STAME (TYPE OR PRINT) 226 ADDRES 3100 Wyman Parkway ld b Balto, Md . 21211 RGB 3 = 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION REMOVAL 23b. DATE Burial Mt. Erin Cemetery Havre deGrace Harford, Md 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 Howard K. McComas III, Abingdon, Md. (VR A 15 (4))



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Seps. 11, 1978

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motion filtration laters A

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cheryl h. Dickson, ym

Bolto, No. 2,211

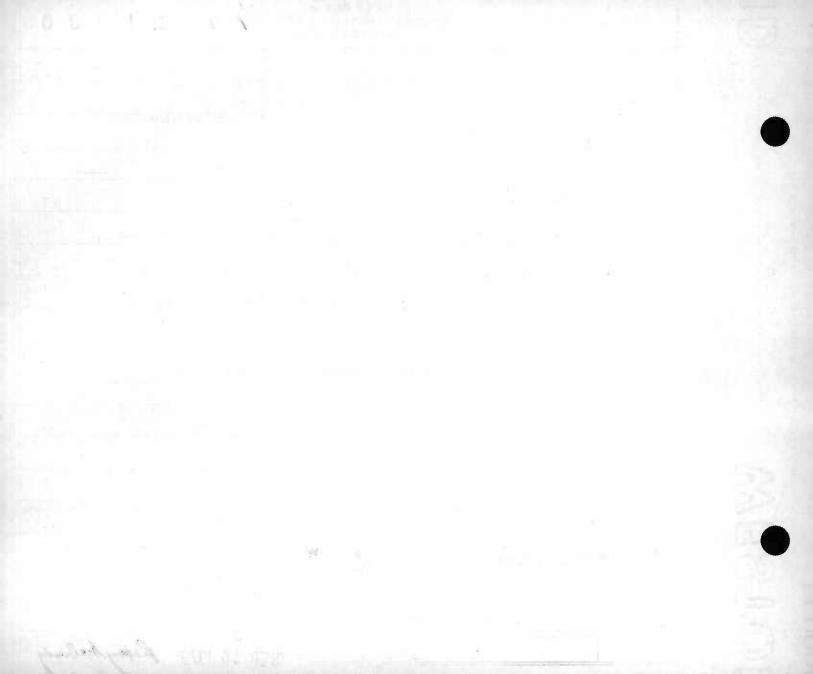
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	deo	afte
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	D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 haired by the hospital or ottending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, hould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 that the Effect entire 72 hours with
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X	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		8 9 8
		CEASED NAME FIRET		Elbin	REG. NO.	79 125. HOUR
/	3 SE)	Female	4 RACE White	5. DATE OF BIRTH Feb. 14, DAY 1894		UNDER 1 YEAR IF UNDER 24 I
Spece 5	-50	RTHPLACE (STATE OR FOREIGN DUNTRY) est Virgina	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED NOT DIVORCED	9 BALTIMORE CITY OR COUNTY O	
postition /		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STR.	-	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	126. KIND OF BUSINESS INDUSTRY Home
13	USU/ 13gVS	AL RESIDENCE (IF NURSING HOME AT 136 E)	or other institution, give residence bed the more 134 Middle	iver 13d INSIDE CITY LIMITS?	13°194 100g Beach F	Rd. 21220
30		THER'S NAME Robert	Boyd Lawren		- Warne	er
e medico	16a W	VAS DECEASED ÉVER IN U.S. A PES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE 215–28		ge 12417 Eastern Av	
cremation, or remova			DUE TO, OR AS A CONSEC	DUENCE OF URINAMY	TRACT Infection	APPROXIMATE INTERVAL BETWEEN ONSET AND DE NOUVES NOUVES E YEARS
iene prior to buriol,	CERTIFICATION	PART 2 OTHER SIGNIFICANT ELECTROLYTE 190 DATE OF OPERATION	IMBALANCE	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN OXICITY 200 AUDOPSY? 200. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH
or Item 18 sha	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2) COUNTY STATE
f. of Heolth on n 21 is marked	N	sow the deceased alive a above, (1) (we) (did) (did a	pital) attended the deceased from	n , 19 0	n death occurred on the date and hour o	that (1) (we not from the couses state
with the Stote Dep		226. S ATURE 226. PHY AN'S NAME (TYPE)	700	DEGREE ATTENDING PHYSICIAN 22e ADDRESS WELLY	MEDICAL STAFF DIRECTOR PHYSICIAN &	-LT MCF
<u> </u>	23 o . B	URIAL, CREMATION, REMOVA SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	Baltimore County	Maryland
/76	黑	NEVAL DECTOR	1 Home PA 140	7 Old Eastern Ave.S	ATE REC'D. BY REGISTRAR 256. RESERVED	my Me Brody

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FOR



		STATE OF MARYLAND					
R		DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9	2	9	0	- 1
GISTRAR	1,000	CERTIFICATE OF DEATH	DEC	6.44	•		

J	1 - ST RE			2.	DEPARTA	MENT OF	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	REG.	2	9	0 1
L	I. DECEA		FIRST /	(ESTHE	HODIE		LAST	20 DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR
/			Ettie	EPSTE				September	79	1:55A	
	3 SEX	EMALE		4 RACE WHITE		S. DATE O	T. 17, 1892	AGE (IN YEARS LAST B		IF UNDER 1 YEAR	HOURS MIN.
15	7a. BIRTHI COUNT	PLACE (STATE OF P	OREIGN ICUT	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	Baltimore City Baltimore		OF DEATH	MI
18		R TOWN OF DE		(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET d Genera.	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWT)	TION OF WORKING LIFE	E) INDUSTRY	OF BUSINESS OR
35	USUAL R	SIDENCE IF NUR		OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIM	E ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4218 HAR			#21214
00	14. FATHE	R'S NAME JOSEPH		WIDDLE	BLUMSTEIN		15. MOTHER'S MAIDEN NAMES SARAH	ME	PAC	HTER LAS	51
1		DECEASED EVER O OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	050-09-		17 INFORMANT MR. 2443 PICKWI	JOSEPH EAR CK RD.	#21207		
	Co	CAUSE OF DEATH V PART I. DEATH V ponditions, if any pover rise to im- nuse (o), stoti iderlying cause	VAS CAUSE IMMEDIAT , which mediate ng the	D BY: TE CAUSE (a) DUE TO, OF	line for (o), Ib), on Pneumonia R AS A CONSEQUE Dehydrat: R AS A CONSEQUE	ence of ion				APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
	ATION		NIFICANT (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER/		INAL DISEASE OR CO		EN IN PART 10		
9	RTIFIC	ACCIDENT WAS IN	DEBIVACE F	7 21b. TIME O	E IA I II I IBV		In HOW MINDS	YES NO	IN CERTIF	YING CAUSES	
9	OR OR	ACCIDENT WAS UN CONTRIBUTING EITHER, NOTIFY MEDIC	CAUSE OF DEA	HOUR A.	M. MONTH DA	AY YEAR 19	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF IN.	JURY IN ITEM 18, PA	RT I OR PART 2)	
	<u> </u>	INJURY OCCUR	HILE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR FI	OWN	COUNTY	STATE

	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED FOR (IF YES, GIVE WAR OR DA		17 INFORMANT MR. 2443 PICKWIC	JOSEPH EPS CK RD.	#EIN #21207	3
	Conditions, if any, gove rise to imm couse (o), stofin underlying couse	AS CAUSED BY: IMMEDIATE CAUSE Which nediate g the last	to per line for (o), (b), and (c), (a) Pneumonia TO, OR AS A CONSEQUENCE OF (b) Dehydration TO, OR AS A CONSEQUENCE OF (c)	NOT RELATED TO THE TERMI	NAI DISFASE OR CON	DITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	19a DATE OF OPERA		CONDITION FOR WHICH OPERATION		20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED G CAUSES OF DEATH?
¥	218. ACCIDENT WAS UND OR CONTRIBUTING CIFEITHER, NOTIFY MEDICA	AUSE OF DEATH HO	IME OF INJURY UR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART I	OR PART 2)
MEDIC	WHILE NOT WE AT WORK	TAT HE	LACE OF INJURY DME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY STATE
	saw the decease	(this hospital) attended alive an September 1 did (did (did (did (did (did (did (di	ded the deceosed from <u>Augus</u> tember 4 19 79 one body ofter death.	5 3] 19 79 d that in (n₩) (our) opinion d	, to <u>Septemb</u> eoth occurred on the do	er 4, 19_ ate and hour on	d from the causes stated
	226. SIGNATURE	12 7	Mart	ATTENDING PHYSICIAN	MEDICAL STAI		221. DATE SIGNED 9-4-79
	22d. PHYSICIAN'S N	ME (TYPE OR PRINT)	/	22e ADDRESS			

TO FUNERAL DIRECTOR: should be detached for with the State Dept of IMPORTANT Craig R. Martin 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78

235. DATE SEPT. 5, 1979

6010 REISTERSTOWN RD

SOL LEVINSON

c/o Maryland General Hospital

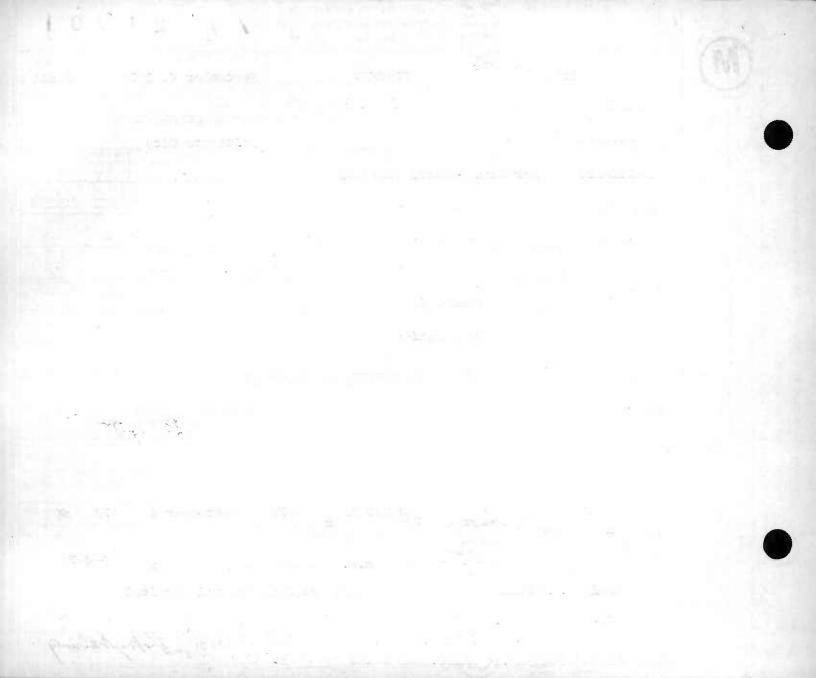
236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CHIZUK AMUNO (ARLINGTON) CITY BATTIMORE

BROS., INC.

BALTO

MD 21215

COUNTY MARY LAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 30 OSEPH SR. F. 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) July 16, 1921 Cauc 58 STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIE NEVER MARRIED Baltimore, Md. USA Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Baltimore City Hospital Balto, Cit Baltimore Incenerator Opr. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY Baatimore 13d INSIDE CITY LIMITS? Md. Orville Ave,21205 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Alverta Watson Frank Erline ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 213-12-6264Mrs. Joseph F. Erlind, 4823 OrvilleAve APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and INFARCMON PART I. DEATH WAS CAUSED BY MYOCARDIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 9g. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH DAY MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNT STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 776 SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS should b MPORT HOSPITA 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 736 DATE STATE COUNTY Burial Gardens of Faith Balto. Md. 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 Schimunek Funeral Home, 3331 Brehms La (VRA 15 (4))

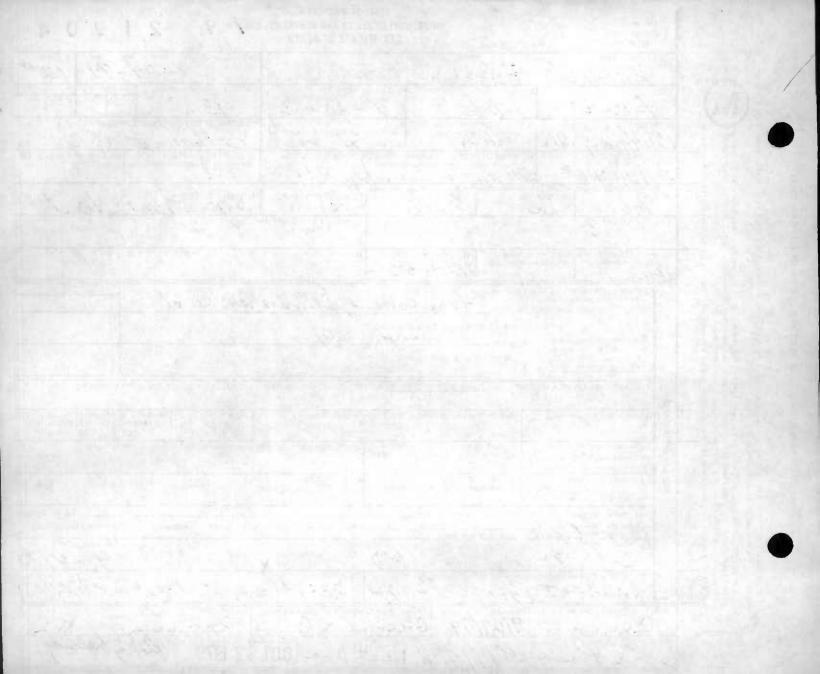
FOR

- STATE

(VR A 15 (4)) 9/74

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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L 5 L 42 3 5	=	23a f	SURIAL, CREMATION, REMOVAL	236. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP.			Burial	11-3-79 A.	butus Memorial	PK Balto	COUNTY STATE
	119	24 FI	JNERAL DIRECTOR	11 VII			256. RESISTRAR'S SIGNATURE
DHMH-16 25			NAME O. DO O A	SO ME D ADDRESS	\$ 00' OL OC	T 2 1676	history frak.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE?

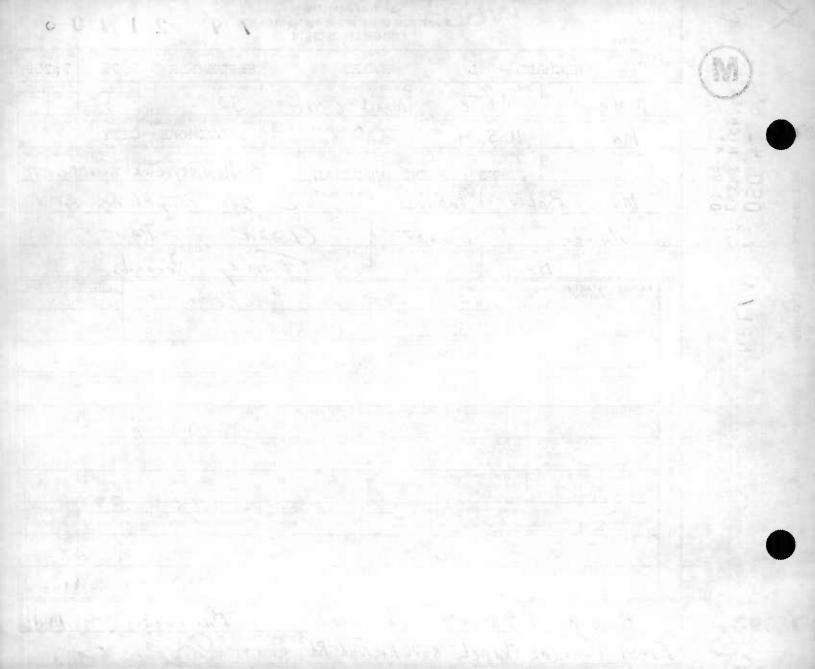
CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15, 4) 1/79

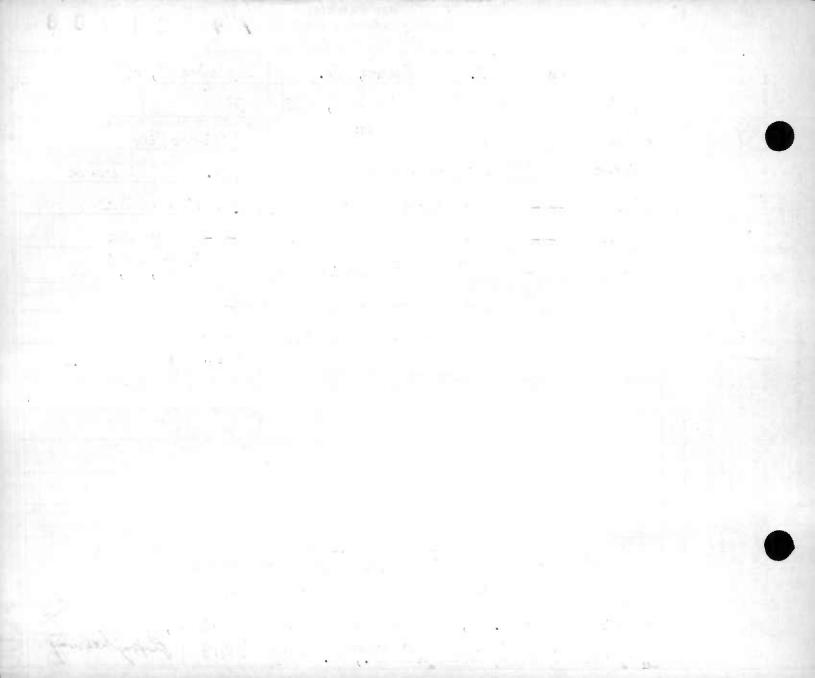


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Patricia Farmer 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY PRONOUNCED Female Black 49 30 YRS 19 79 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City, KICHMOND WIDOWED DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY 5921 Radecke Avenue BARMAID 3. RETAIN PASHOULD BE F Baltimore City 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 30. STATE NO 1614 E. MONUMENT ST. YES A 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE TARMER JAMES L AveniA DIVISION OF 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1641 E. Monument 114-50-3134 Robert M. FARNER 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Shotgun wound of chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF PRIOR JO BURIAL, YES X NO [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR MEDICAL CONTRIBUTING CAUSE OF DEATH 4 19 70 shot by assailant TIE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN WHILE AT WORK AT WORK Radecke Balto house 220. I certify that I taak charter of the remains described above, held by Autopsy Inspection Inquiry TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAN Homicide X Undetermined monner Suicide TITLE (SPECIFY) Deputy Chiefedical Examiner SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burin AR DUTYS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** SFP (VR A15 ME (5)) JAMES A. MORJON + SONS 1701 LAURENS 15M 7/76

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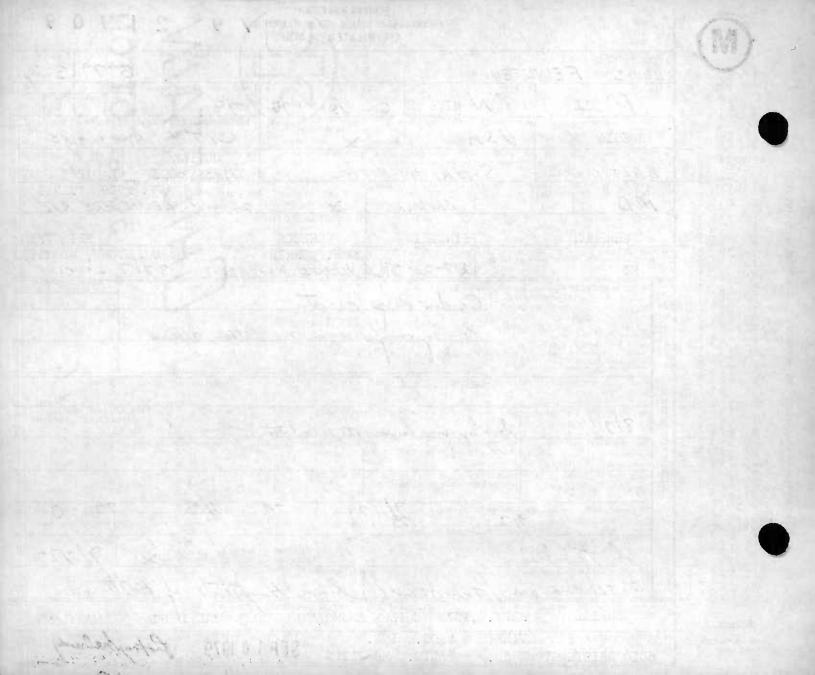
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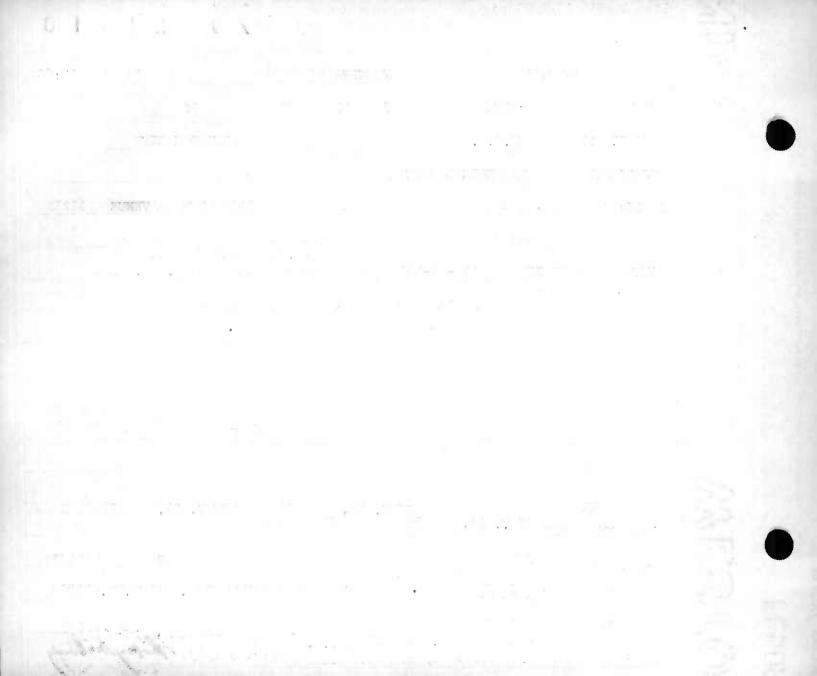


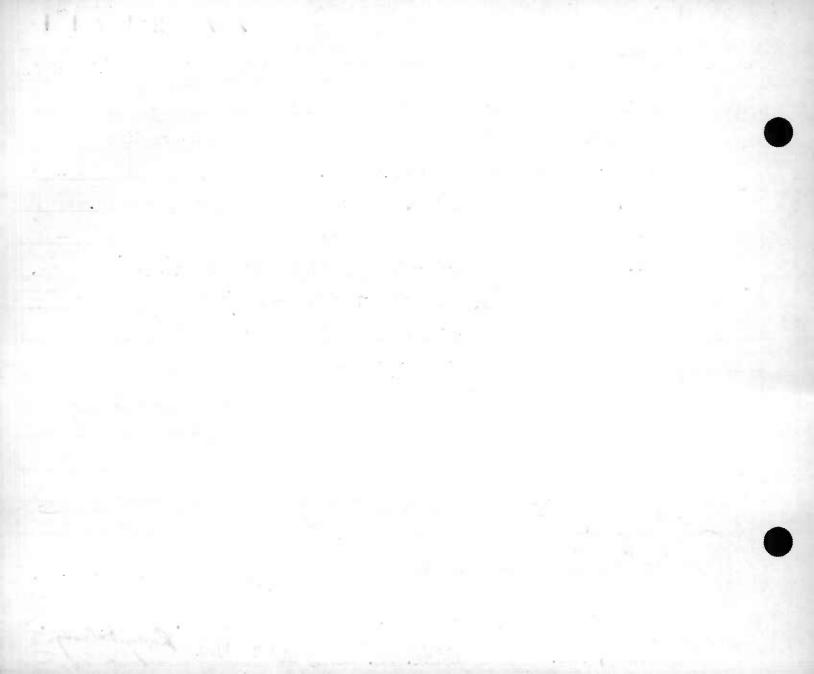
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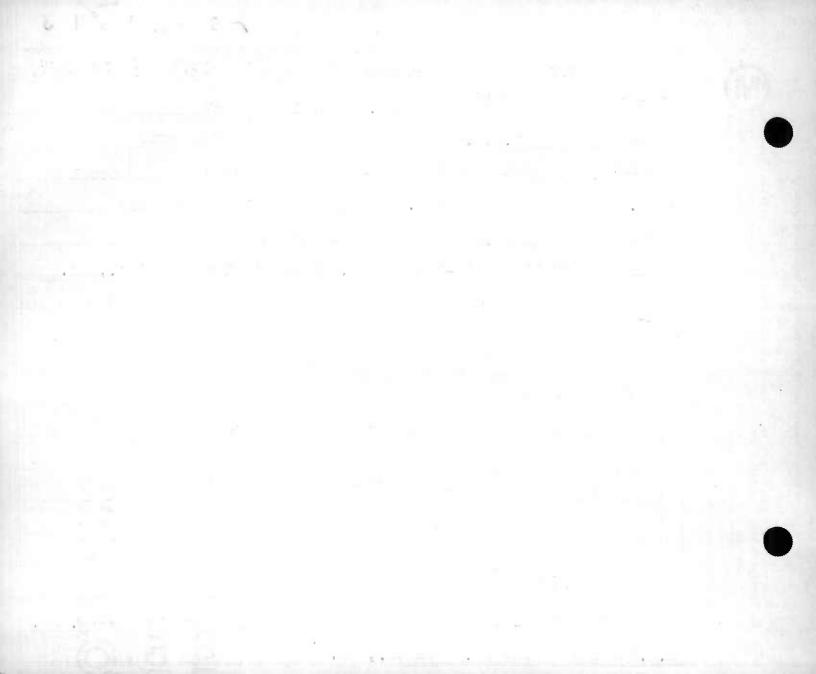


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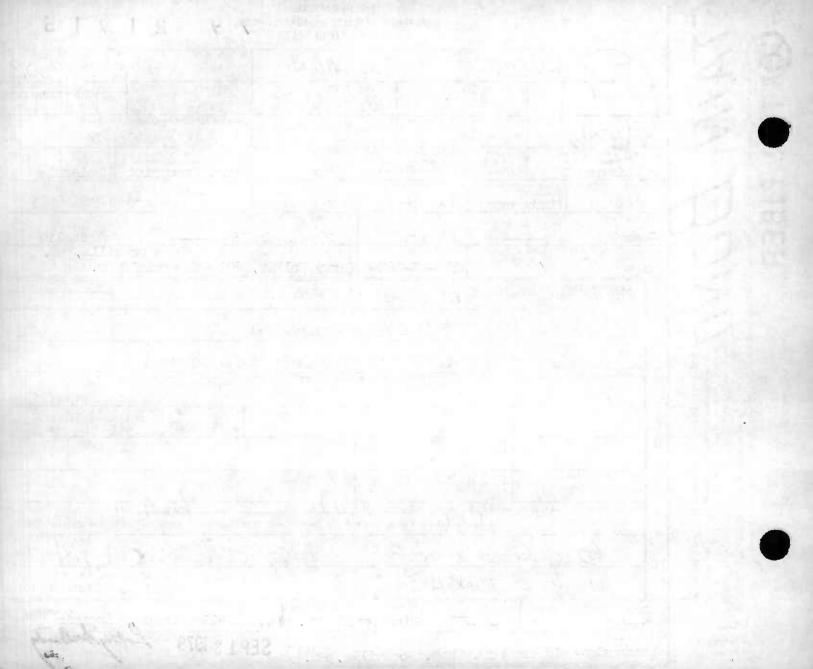


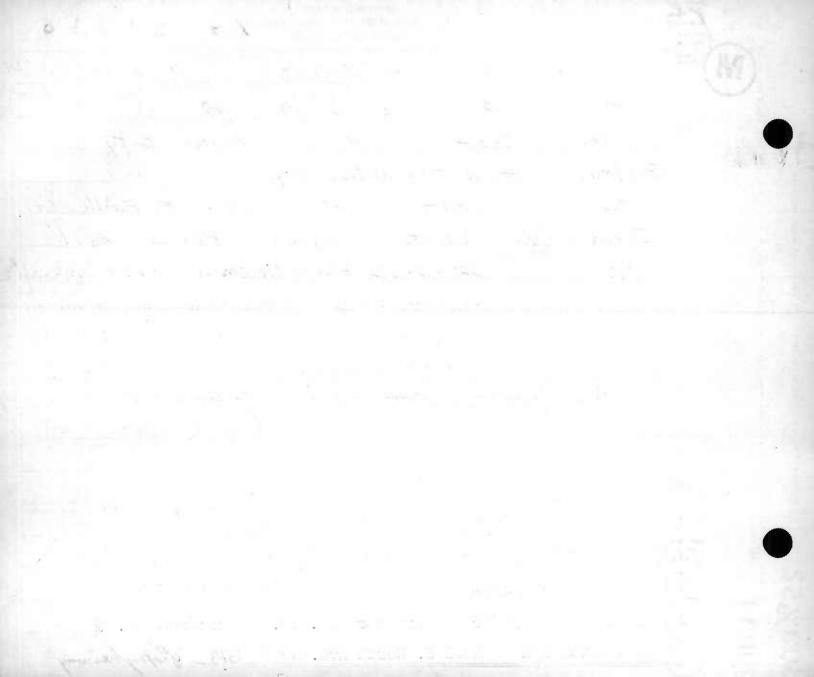
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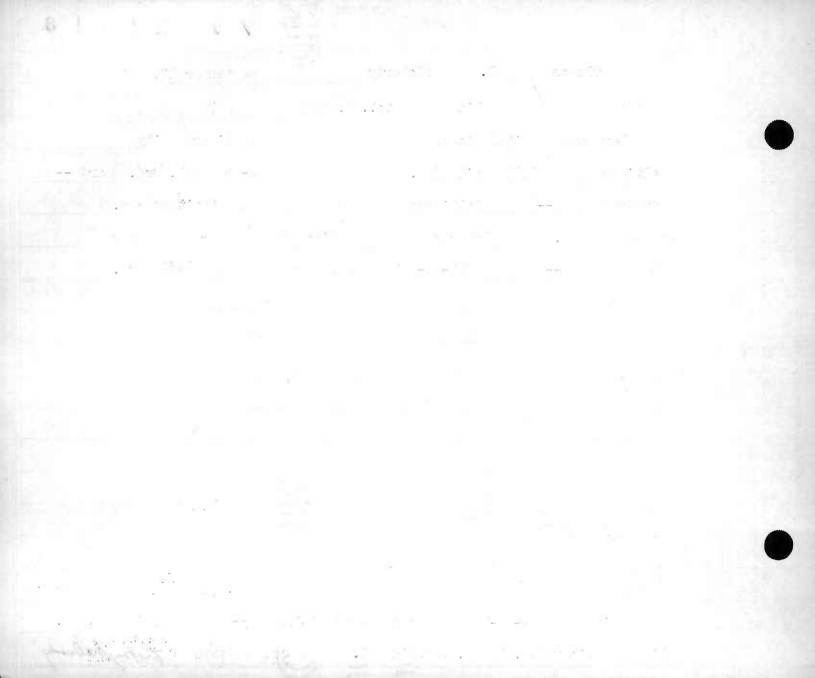
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(AA)		REGISTRAR		WIDDLE	CERTIF	ICATE OF DEATH	RE 20. DATE OF DEA	G, NO.	DAY YEAR	2b. HOUR
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- 5 FD EXV		ITY OR TOWN OF DEATH		HOSPITAL, NURSING CHEACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR / Exec. GI	UPATION MOST OF WORKING I	12b. KIND OI INDUSTRY	F BUSINESS OR
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IMORE, A nond can hond can hoges 1 a medicale	16a V	VAS DECEASED EVER IN U.S. AF	E WAR OR DATES)	166 SOCIAL SECU 578-18-0	RITY NO.	17 INFORMANT Larry Walker			kville,	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours offending physician. Strengthis certificate has been signed by the attending physician and completely filled in by as the buriel-transit permit. Then please remove corban papers Pages 1 and 2 should be fill the and Mental Hygene prior to burial, cremation, or removal. The and Mental Hygene prior to burial, cremation, or removal.		18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI		1	1	BLEEDING			-	MATE INTERVAL DINSET AND DEATH
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At OR ATTEN the hospital At DIRECTOR At DIRECTOR to Dept. of He te Dept. of He		22b. SIGNATURE	a do	Jens 4	0	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	22c DATES	SIGNED 9
TO HOSPITAL of retoined by the TO FUNERAL IS should be detoined with the Store ELIMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	ORPRINT) E JOI	NGA		BONC 21	201 225	green	re Mol	27.
DEP DE STEET	(BURIAL, CREMATION, REMOVAL	23b. DATE 9-10-			EMETERY OR CREMATORY VIOL Mem. Gdn	23d. LOCATION	7	Virgini	annikin,
DHMH - 16 50M 1/76		Burial UNERAL DIRECTOR)_10-	ADDRESS	-9 -0	25a D	TE REC'P. BY REGIS	AR 25b. #	Jan Bre	Budy
(VR A 15 (4))	D	anzansky-Goldbe	era Mem	Chan Po	olori 1	In Ma	EL 1 2 121	7	/	1



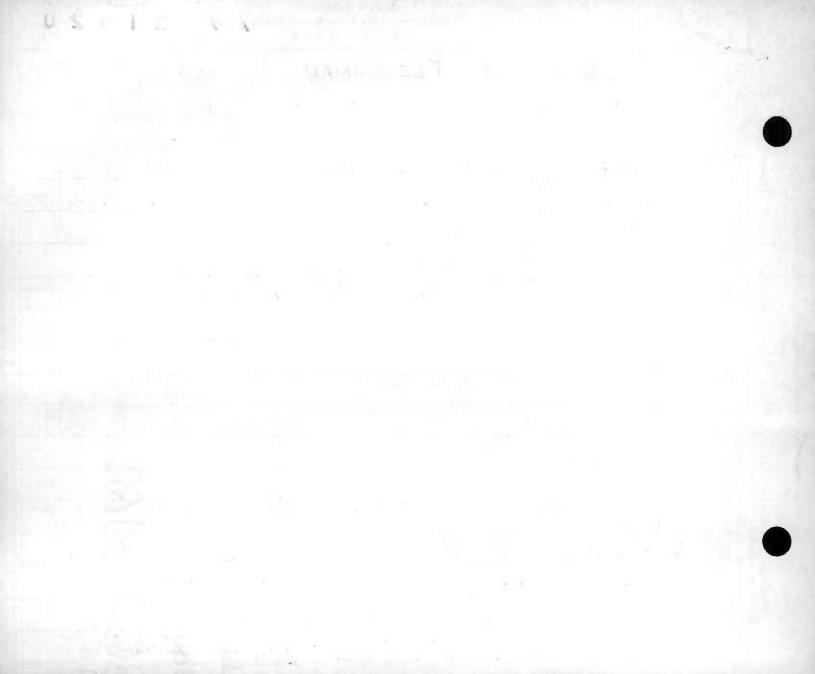


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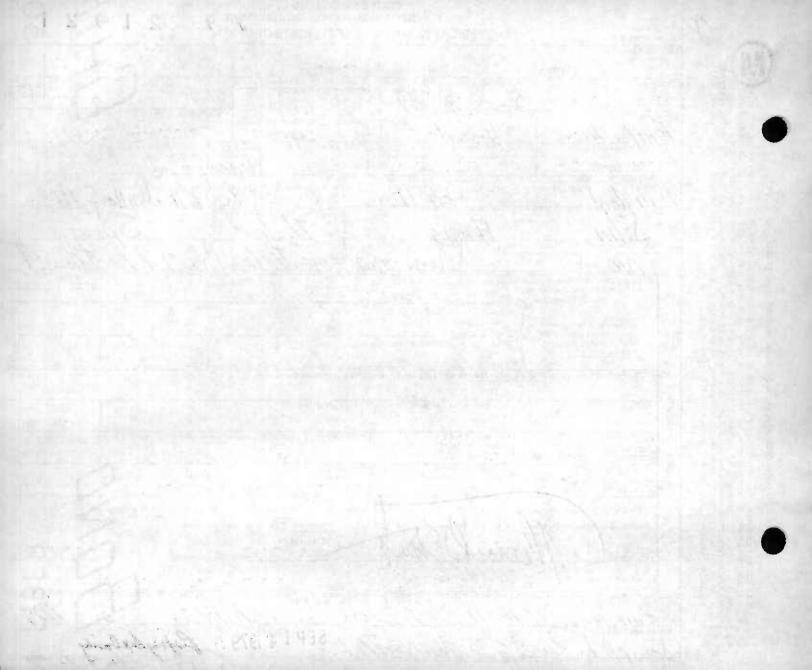


				STATE	OF MARYLAND				
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file	RICH	IARD		FLE	ISHELL	9/2	26/79		7:45 M
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1	MALE	WH	ITE	~12	2/23 ⁵ /86 YEAR	92	YRS.		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B.	NEVER MARRIED	9. BALTIMORE C	ITY OR COUNT	Y OF DEATH	E-TANK
	MD	U.S	.A.	WIDOWE	V	DATE	TIMORE	CITY	MD.
10. C	TY OR TOWN OF DEATH				ROTHER INSTITUTION	12e. USUAL OCC	UPATION MOST OF WORKING LI		OF BUSINESS OR
BA	LTIMORE CI	TY CENT	URY HOM	E, IN	IC.	STOCK		CLER	
13a S	AL RESIDENCE (IF NURSING HOSTATE 136 (OUNTY	GIVE RESIDENCE SEFOR	ORE	134 INSIDE CITY LIMITS	2001 AH	ELMSBY	ROAD	
14. FA	ATHER'S NAMHARRY	1110.			15. MOTHER'S MAIDEN	NAME			
	UNKNOWN	MIDDLE F	leishel	1	FIRST	Ww Mary "	E.	Huds	ön
16a V	VAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECL	JRITY NO.	17. INFORMANT		ADDRESS	-	21227
U	VES NO OR UNKNOWN) (IF YE	None None	215-01	-5525	Mrs. W	ells,2001	Helms	by Rd	,Balto.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) (and (c).)								XIMATE INTERVAL LONSET AND DEATH
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	4140 DUE TO, OR AS ACONSEQUENCE OF								
	Conditions, if any, which		Alunoso	suron (. Manit	distans		1 U	lans
	gove rise to immedia couse (o), stoting the	te					1-17-2-1-1		
	couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF								
	PART 2. OTHER SIGNIFIC.	ANTYCONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OF	CONDITION GI	VEN IN PART 1	(o)
O		obstructiv		MANY					
CATI	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY		S, WERE FINDS	
CERTIFICATION						YES NO		ES [NO [
CER	210. ACCIDENT WAS UNDERLYIN	LIOUD A		AY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE	OF INJURY IN ITEM 18,	PART 1 OR PART 2)	
SAL	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OFDEATH	.M. MONTH D.	19					
MEDICAL	216. INJURY OCCURRED	117110115 57	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC.)	21f. LOCATION STREET	cin	OR TOWN .	COUNTY	STATE
	WHILE NOT WHILE AT WORK AT WORK								
	220 I certify that (1) (this haspital) attended the deceased from 19 77, to 19 77, that (1) (we) lost								
	saw the deceased glive on 19 1, and that in (my) (our) opinion death occurred on the date and hour and from the causes state above, (I) (we) (did) (did not) view the body after death.								couses stated
	22b. SIGNATURE DEGREE							22c. DATE	ESIGNED
	3	7/12	30pmn	1	PHYSICIA	MEDICAL DIRECTOR []	STAFF PHYSICIAN [7.	VO. 1
	DR. SUJE		RT		120. ADDRESS	COLN WOO	OS DRIV	E. CA	PONSVILI
					1				- OTIP A TTI
23a	Burial, CREMATION, REM				EMETERY OR CREMATO	CITY OR TO	WN	COUNTY	STATE TVT 2
		2056	pt.79 C	ak L	awn Cemet	DATE REC'D. BY REGI	timore,		
74 F	ames S. Ki	rklev. G	len Blir	nie.		SEP 2 6 19	70		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DECEASED NAME 20 DATE KNOWN XX MONTH 2b HOUR ESTI-(TYPE OR PRINT) DEATH MATED Edward Fleming 19 79 & AGE IN YEARS ELINDER 24 HRS 3: 39A DATE OF BIRTH DATE SEX PRONOUNCED DEAD Male Black 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IL CITY OF TOWN OF DEATH OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 2800 Blk. Waldorf Avenue Baltimore City 13d. INSIDE CITY LIMITS? 13b. COUNTY 15. MOTHER'S ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES IENE, DIVISION (YES, NO, OR JUNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound to chest & abdomen DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 2D. AUTOPSY? 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES TO NO [DEPARTMENT 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING IN OR MEDICAL CONTRIBUTING CAUSE OF DEATH 3 . 30 T.M. 9 subject shot 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK MD Waldorf Ave. Balto street Autapsy X Inspection and in my apinian 22a. I certify that taak charge of HamicideXX Undetermined manner death resulted TITLE (SPECIFY) Deputy ChiefMEDICALEXAMINER ACTUAL PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, A SIGNATURE EXAMINER'S NAME 111 Penn St. CThomas D. Smith, M.D. Balto. MD (TYPE OR PRINT) 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 7/76



to be believed by the later Togge Se Britanis I'm. E & Cochian Maria Cara Canada An Alla Cara



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

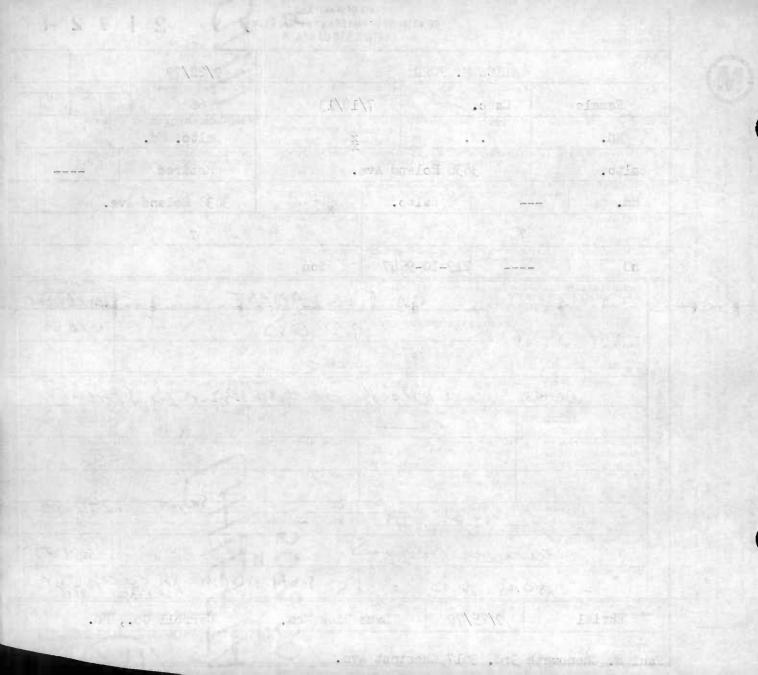
REGISTRAR		CERTIFICATE	OF DEATH	REG. NO.				
1. DECEASED NAME FIRST	WIDDLE	LAST	N. P. C. L.	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
(TIPE OR PRINT)	ALICE M. FORD			9/22/79	M			
3. SEX Female	Cauc.	S. DATE OF BIRTH	PAX YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 66 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
70. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY U.S.	? 8 MARRIED NE	EVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN Balto, Md.				
Balto.	11. NAME OF HOSPITAL, NURS		RINSTITUTION	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING RETIRE	12b. KIND OF BUSINESS OR INDUSTRY			
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO BALL	WN 138 INS	IDE CITY LIMITS?	13e STREET ADDRESS 30 30 Roland	Ave.			
14. FATHER'S NAME FIRST	MIDDLE LAST	15 MO	THER'S MAIDEN NA/ FIRST	ME	LAST			
160 WAS DECEASED EVER IN U.S. A (YES, NOOR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL SEC VIVE WAR OR DATES) 219-10-9		Son	ADDRESS				
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OR CONTRIBUTING CAUSE OF DI THE EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK		19 211, LO	CATION	CITY OR TOWN	COUNTY STATE			
saw the deceased olive o above, (1) (we) (did) (did n 22b. SIGNATURE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA							
230. BURIAL CREMATION, REMOVA (SPECIFY) Burial	OAS MD 123b. DATE 9/25/79 23c	NAME OF CEMETERY Lake Vie		AD AM RD C. 23d LOCATION CITY OF TOWN CATTOOL	7000			

DHMH - 16 50M 7/77 (VR A 15 (4))

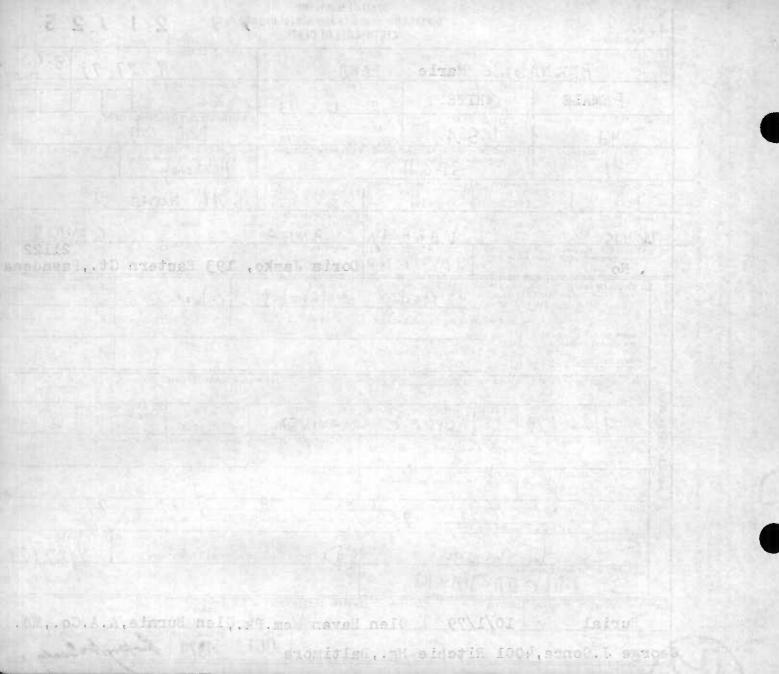
24. FUNERAL DIRECTOR

250. DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ADDRESS Chestnut Ave Chenoweth 3rd



(0	1.	FOR - STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	
et h		CEASED NAME FIRST BERNE	DINE Marie	FORD.		9 27 79 8-48 A.M.
control of the contro	3. SE	FEMALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 2 12 13	6. AGE (IN YEARS LAST BIRTH	HDAY] IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
neral dir. Po		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	COUNTY OF DEATH MD.
by the fur filed within	10. C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF TH	WORKING LIFE) INDUSTRY
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MARYLAND ed within 24 mpletely filler ond 2 should		ATHER'S NAME FIRST	MIDDLE VARE	15 MOTHER'S MAIDEN NA FIRST ANNA	WIDDLE	GRUBIS
BALTIMORE, cate be execut to be execut on the coopers. Pages 1 wol.		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECU 213-14	- 344 Doris Jask	o, 193 Eas	tern Ct., Pasadena
201 W. PRESTON ST., res that the death certific ned by the attending phypeose remave carban protection, or remained, or remained, or email or y, or ather troumatic every.	z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	TE CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	AINAL DISEASE OR CONE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. ffer this certificate has been sig as the buriol-tronsit permit. Ther th and Mental Hygiene prior to b acked or teen 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION 7	9 Yhoraci	21c. HOW INJURY OCCUR	20g AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
DIVISION OF VIII SING PHYSICIAN: or attending physis After this certifical e as the burial-tran alth and Mental Hy marked or item 18	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ALIT I	19 21f. LOCATION	CITY OR TOW	'N COUNTY STATE
TO HOSPITAL OR ATTENDING retained by the hospital or att TO FUNERL DIRECTOR: After should be detached for use as 1 with the State Dept. of Health o with the State Dept. of Health o		sow the deceased alive on	handh	DEGREE N - DATENDING PHYSICIAN [, to	
170 BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR	30/2/20	Glen Haven Mem	23d. LOCATION CITY OF TOWN PL Glen But TE REC'D. BY REGISTRAR	county state rnie A A Co Md 25b. RECISTRAR'S SIGNATURE
(VR A 15 (4))	ec	rge J.Gonce,	4001 Ritchie 1	Hg., Baltimore	11 1979	propay scales

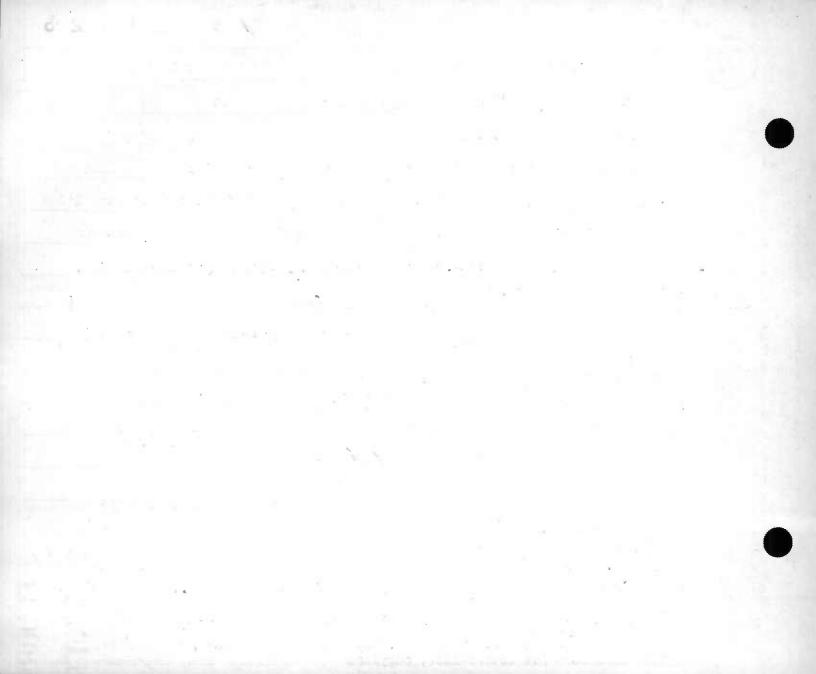


(TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL

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5	1.	FOR - STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9 2	1926
M)		CEASED NAME FIRST ETHEL	MAY	FOX	AST	September 2, 1	DAY YEAR 26. HOUR
ector, as after a	3. SE	x Female	White	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 87 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
un 72 hou	-	RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	U.S.A.	WIDOWE		Baltimore City or Coun	ty OF DEATH City MD.
by the fu		Baltimore	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET HOUSE IN THE P	ADDRESS)	ROTHER INSTITUTION Belaire	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET	LIFE) 126 KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
filled in ould be	130	laryland 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY Lty Baltimo			13. STREET ADDRESS 4361 Shamrock	Avenue 21206
ond 2 sh	14 F	ATHER'S NAME FIRST Edward	MDDLE Kratz		15 MOTHER'S MAIDEN NAM	WIDDLE	(unknown)
pers. Pages 1		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 216-01-7		Helen V. Atk	ADDRESS inson 4361 Sham	ITOCK AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the ottending physic Then please remove corbon pape to burial, cremotion, or removal njury, or other troumotic event, t	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	arterisc	LONG.	J PAUTAG
ronsit permit. Hygiene prior 18 shows ony i	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		OPERATION		IN CERT	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
er this certificate by the buriol-frond Mentolitical fred or Item 1	MEDICAL	(# EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	MITT.	19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO FUNERAL DIRECTOR: after is should be detached for use as the with the State Dept of Health and IMPORTANT: If them 21 is marked		27a. I certify that (I) (this hasp saw the deceased alive or obove, (I) (We) (did no 27) SIGNATURE 27a. PHYSICIAN'S NAME (Type of	n) view the Bodybtter death. Applitude of the Bodybtter death. Applitude of the Bodybtter death. Applitude of the Bodybtter death.	1 5	ATTENDING PHYSICIAN 220 ADDRESS Temple		19 79, that (I) (we) lost our and from the causes stated 12c, DATE SIGNED 9 7 7 9
)		BURIAL, CREMATION, REMOVAL SPECIFY) Entombment			emetery or crematory ant Mausoleum	23d LOCATION CHYOR TOWN Baltimore	COUNTY STATE
HMH-16 20M RA 15, 4) 7/78			e Funeral Homeso		nsville CED	E REC'D. BY REGISTRAR 256 PG	STRAR'S SIGNATURE



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LEASURE-STEIN FUNERAL HOME, INC. CUMB.MD

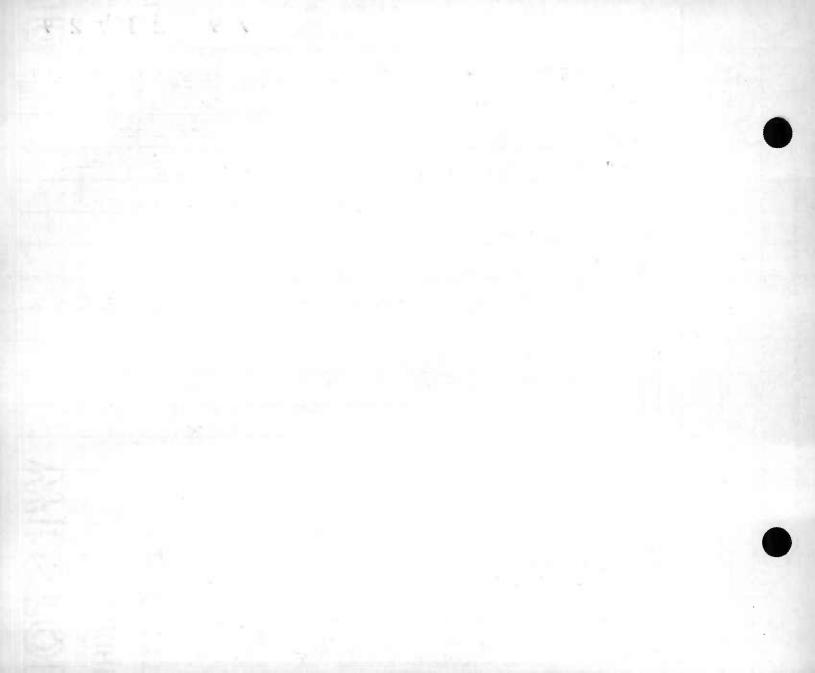
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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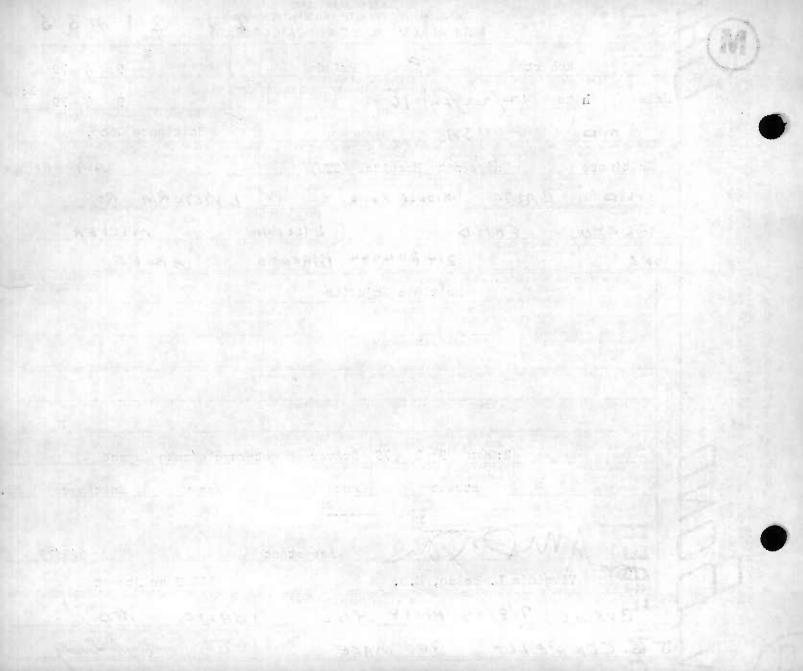


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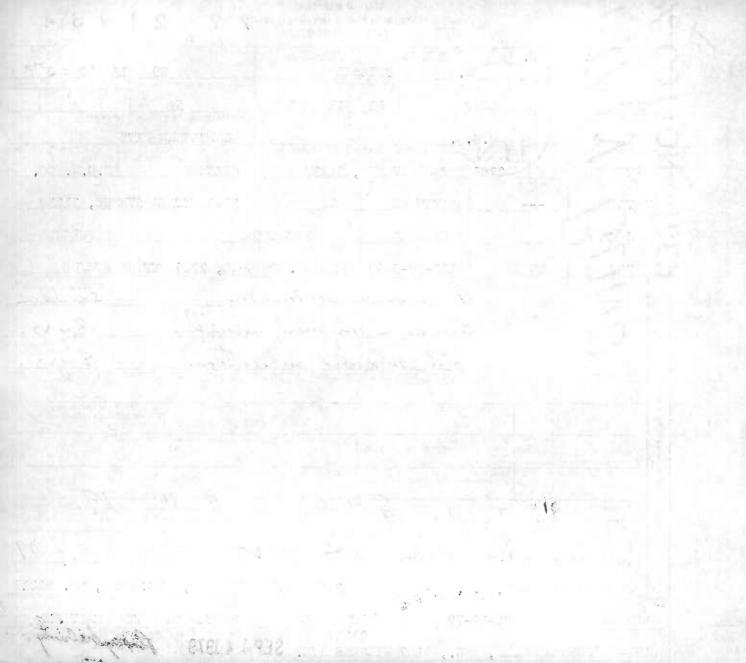
.A. S. J 13 .osing tentino englos Jarrinos dillos amico. Cir 2002 Kings Plage Id. Maryland Balto, Parkville 216-01-59001 Edna L. Franks, 2902 Kings Ridge Burdal | Sept. 18, 1979 Moreland Nec. Pt. Parkyille Balton, Mal. RULE C. MIZELLURG PURERAL ROSE, INC. 5009 marrord Rd., delto., Md. 21214 ... mar mar

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DECEASED NAME (1995 CARRIED MODER ROBERT	- S'	OR TATE EGISTRAR	М	EDICAL EXAMI	NER'S CERTIFICATE O	F DEATH REG.	9	3 3
Male White W		OR PRINT)		WIDDIE		OF ESTI-		25. 11001
BRITIMORE CITY OR COUNTY OF DEATH ORIGINAL COUNTRY) 10. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACE MASSION) 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACE MASSION) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACE MASSION) 12. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) 13. CITY OR TOWN (IF NOT IN SUCH FACE MASSION) (IF ATTHERS MANDE (IF NOT IN SUCH FACE MASSION) (IF ATTHERS MADE (IF NOT IN SUCH FACE MASSION) (IF ATTHERS MADE (IF NOT IN SUCH FACE MASSION) (IF ATTHERS MADE (IF NOT IN SUCH FACE MASSION) (IF ATTHERS MADE (IF NOT IN SUCH FACE MASSION) (IF ATTHERS MADE (IF NOT IN SUCH FACE MASSION) (IF NOT IN SUCH FACE MASSION (IF NOT IN S	3 SEX		5 DATE OF BIRT	H 6 AGE (IN)	EARS IF UNDER 1 YR. IF UNDER	24 HRS. 2c DATE		
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See Conditions First Column C	3a. ST/	1100		MIDDLE /	YES NO TO		A Ro	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	14 FAT		WIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	- U	AST
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196. Date of operation 196. Condition for which operation was performed? 20. Autopsy? Yes No		PART 2 OTNER SIGNIFICANT CON		NTN BUT NOT RELATED TO THE TES	RMINAL DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a),		
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	>	AT WORK AT WORK	ILE 🔀					
		death resulted fram	Notural courses	Accident X	ovicide , Hamicide .	Undetermined manner],	
1.1		ACTUAL X	my	2/2			DATE O	/5/70
TITLE (SPECIFY) ACTUAL DATE 0/5/70	i	SIGNATURE		Yu.	M.D.ASSISCAIIC	MEDICAL EXAMINER	SIGNED,	12/12
TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNED 9/5/79	1	TYPE OR PRINT)	irginia L.	Dolan, M.D.	ADDRESS		Street	
TITLE (SPECIFY) M.D.ASSISTANT MEDICAL EXAMINER SIGNED 9/5/79 EARINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street	73e BU	(CPY)	0/0/			23d. LOCATION CITY OR TOWN	COUNTY	STATE
TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED 9/5/79 LA INER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street 111 Penn Street 123d. LOCATION CUIVOR TOWN COUNTY STATE	74 FII		1/8/7	1 Helly	14 / L L 250 DATE I			JRE
TITLE (SPECIFY) M.D.ASSISTANT MEDICAL EXAMINER SIGNED 9/5/79 EARINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street		NAME	ADDE	RESS >CO		1 0 1070	tou hall.	and a



5.	Section 1		STATE OF MARYLAND		
X	FOR 1 - STATE	DEF	ARTMENT OF HEALTH AND MENTAL HY	GIENE 9 2	9 3 4
A.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
63	1. DECEASED NAMEAKA FIRST	J. MIDDLE NOR	MAN FRIEDEL	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
6 4 6	/ JAMES	N.	FRIEDEL	09	11 79 K. 2 PM
ě	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge ector rs of	MALE	WHITE	01 11 20	59 YRS.	MONTHS DATS HOURS MIN.
Poor I dire	Ja. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Beoth.	MARYLAND	U.S.A.	WIDOWED DIVORCED		Y MD.
ed ed	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS OR
5 + 5 = 7/1/1	BALTIMORE	2706 OTTAW		WIREMAN	C.G.R. CO.
212 hour hour be f	USUAL RESIDENCE (IF NURSING HOME OF 13a, STATE 13b, COU	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13e. STREET ADDRESS	
LAND 2 thin 24 h	MARYLAND -	BALTI		2706 OTTAWA AV	ENUE, 21230
rthin rthin 2 sh	14. FATHER'S NAME		15. MOTHER'S MAIDEN N.	AME	
MARY ed with condition on display	JOHN	FR T	EDEL KATHER	TNF.	FUEGEL
RE, A	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	TOZOZE
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill wol. it, the medical exampler must be no		VE WAR OR DATES) V II 215-	09-5440 HILDA M. FR	IEDEL, 2706 OTTAW	A AVENUE
ALTI te be icrof	18. CAUSE OF DEATH (Enter of		-	2700 022	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	oronam ocelusi	m	Sudden
N S1	4/1) - IMMEDIA			11	
RESTON death ce toftendin nove carb otian, or i	Conditions, if ony, which	DUE TO, OR AS A CON	an & my ocard	woulk -	84m.
the at removemential	gave rise to immediate couse (a), stating the) (0)	1	0.	
W. not the	underlying couse lost.	DUE TO, OR AS A CON	. mun want mile	richa.	8 ym.
201 es † the plec plec urial	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATA BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate this certificate has been signed by the attending phas the buriol-transit permit. Then please remove carbonp to as the buriol-transit permit. Then please remove carbonp to and Mental Hygiene prior to buriol, cremotion, or removed an Item 18 shows any injury, or ather traumatic even					
ECOI Dw re beer mit.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	HICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED
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IAN: The physicia physicia physicia physicia physicia physicia physicia physicia politygie politygie politygie	21a. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)
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DIVISIC DING PH or otten After thise as the I alth and	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, C	PFFICE, FARM, ETC.) SINEE	CITY OR TOWN	COUNTY STATE
1 0 0 4 9 G E	22a.1 certify that (1) (this hosp	pital) attended the deceased	rom 6, 21. 6/19	10 9 - 11	19, that (I) (we) last
TTEN Oitel TOR: for us of He	say the deceased olive a	9.10.	THE CO	n death occurred an the date and have	
OR AI OR AI DIREC oched f Dept.	22h SIGNATURE	ot) view the body ofter death	DEGREE		22c. DATE SIGNED
	helan	Dendu	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	9.12.19
HOSPITAL ned by the FUNERAL stand be det out of the Store ORTANT:	22d. PHYSICIAN'S NAME TITLE	OR PRINT)	22e. ADDRESS		/ 2 1
	JUSTINAS KUD	TRKA M D	3927 ANNAP	OLIS ROAD, BALTIM	ORE, MD, 21227
of of or of	30 BURIAL, CREMATION, REMOVA		231. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
2 C 2 3 BP	(SPECIFY) BURIAL	09-14-79	NEW CATHEDRAL	BALTIMORE CITY	MARY LAND
2000	24 FUNERAL DIRECTOR		21229 25a. DA	ALE REC'D. BY REGISTRAR 256. RE	BAR'S SALWARDS
DHMH - 16 50M 1/76 (VR A 15 (4))	HUBBARD FUNERAL	HOME, INC. 4	107 WILKENS AVE. SE	P 1 4 1979	Tall and and



DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1) FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 15 1979 HTLDA ADELE FRIEDMAN DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE 4 :40 LAST BIRTHOAY PRONOUNCED DEAD 1979 9/23/1912 white female 66 In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City Maryland DIVORCED B. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION HOUSEWIFE Baltimore Greenspring Ave. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21209 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Maryland Baltimore Greenspring Ave. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST PAGES 1 AND Albert Miller Marie Sauter ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 212.18.2374B Martin J. Friedman--As in 13e No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH Rheumatoid arthritis & lupus erythematosus PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [] TO BURIAL NO IX VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT CONTRACTOR TO BURIA 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. AT WORK AT WHILE STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Undetermined manner death resulted from: Natural causes Accident Suicide Homicide TITLE (SPECIFY) DATE 9-16-79 ACTUAL Assistant EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER SIGNATURE 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Baltimore Cremation Md 14 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** VR A15 ME (5)) Walter Brooks Bradley Inc. Balto. Md. 15M7/76

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME FRIEDRICK 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Beryl 19 79 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR DATE :16 LAST BIRTHDAY PRONOUNCED male White MAY 2, 1936 43 P . M b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BALTIMORE MD. BaltimoreCity USA D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS Baltimore 900 Block Handler's Lane EALTOR REAL ESTATE JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LL STREET ADDRESS MARYLAND BALTIMORE BALTIMORE NORTHRIDGE DR. 14 FATHER'S NAME MIDDLE FRED FRIEDRICK TILLIE BAKAL 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (21208)DIVISION 2/5-32-9700 MRS. DOROTHY FRIEDRICK 3502 NORTHRIDGE Dr. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)." BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound head (unknown gun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES T 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY (est) UNDERLYING X OR subject found shot CONTRIBUTING CAUSE OF DEATH 21f. LOCATION TE PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK 900Blk Handler's Lane , BaltoCity street MD Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection Homicide X deoth resulted from: Undetermined monner Assistant 9/2/79 ACTUAL GE 4 SHOU FUNERAL D TER DEATH, SIGNATURE MEDICAL EXAMINER TIMORE R. Guard, M.D. Hormez 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURTAL 9/2/79 ANSHE EMUNAH AITZ CHAIM BALTIMORE, MD. 24. FUNERAL DIRECTOR **DHMH-17** SOL LEVINSON & BROS (VR A15 ME (5)) 15M 7/76

who houses. SANCTER, AND PROPERTY SANCE OF THE PROPERTY OF The second of th

SOL LEVINSON & BROS., INC.

BALTO., MD

21215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH MONTH

4:00 A.

12b. KIND OF BUSINESS OR

AT HOME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

#21215

INDUSTRY

YES

SEP 1 0 1979

COUNTY

221. DATE SIGNED

COUNTENNESSEE

STATE

- STATE

REGISTRAR

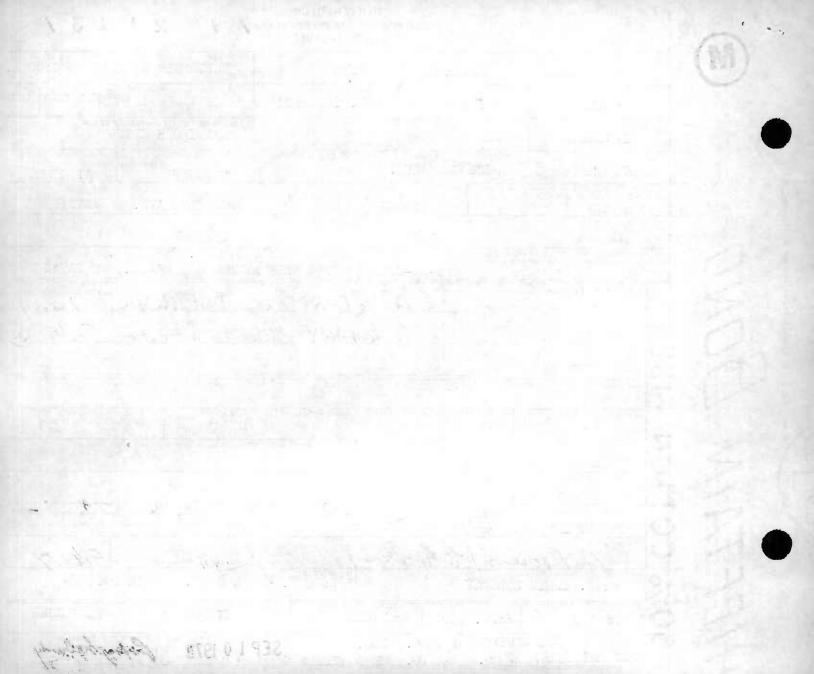
24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

DHMH - 16 50M 1/76

(VR A 15 (4))

I. DECEASED NAME



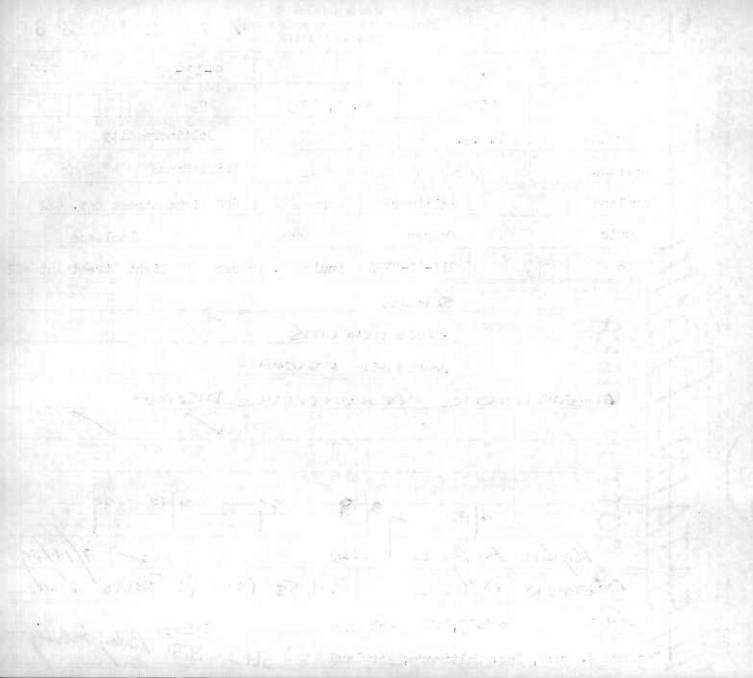
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	3. SEX Male 4. RACE W 5. DATE OF BIRTH NOV. 1 DAY 1.			PERTH DAY 1 90 3 EAR	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR MONTHS DAYS 75 YRS						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	BIRTHPLACE (STATE OR FO		76 CITIZEN OF WHAT COUNTRY?		D MEVER MARRIED [Baltimore City or County of DEATH			M	
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n ond co	16	WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	21 5-1 0-		Informant Lauise F.	Fuhrer 600		Street	Apt 42	
ificate b physicial popers. noval.		18 CAUSE OF DEAT PART I. DEATH W	H Enter only one couse p /AS CAUSED BY: MMEDIATE CAUSE (0)_	er line for (o), (b), on					BETWEEN C	MATE INTERVAL ONSET AND DEATH	
requires that the death an signed by the ottendi. Then please remove con to burial, cremotion, on rinjury, an other trouman			which mediate the post of the	OR AS A CONSEQUI	ENCE OF TIPLO DEATH BUT	MINSANC	RMINAL DISEASE OR CO	ASE			
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ING PHYSIC r ottending After this cer os the burio ith ond Ment orked or Iter		AT WORK AT WO	HILE CORK CAT HOME, S	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET 30 7	CITY OR TO	113	COUNTY	STATE	
L OR ATTENDE the haspital of L DIRECTOR: stoched for uss e Dept. of Hee		sow the decease	(this hospital) attended alive on did) (did nat) view the bos	ofter death.	1	DEGREE ATTENDING PHYSICIAN	MEDICAL ST		7	that (I) (we) los couses stated	
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BP		a. BURIAL, CREMATION, (SPECES) (SPECES)		17,1979	Oak	emetery or cremator Lawn	CITY OR TOWN		COUNTY	Md.	
MH - 16 50M 1/76 (VR A 15 (4))		FUNERAL DIRECTOR NAME Leonard J.	Ruck, Inc. I	Baltimore.	Mary	land 250. C	SEP 18 1979	R 25b. REGESTR	1	Oriona	

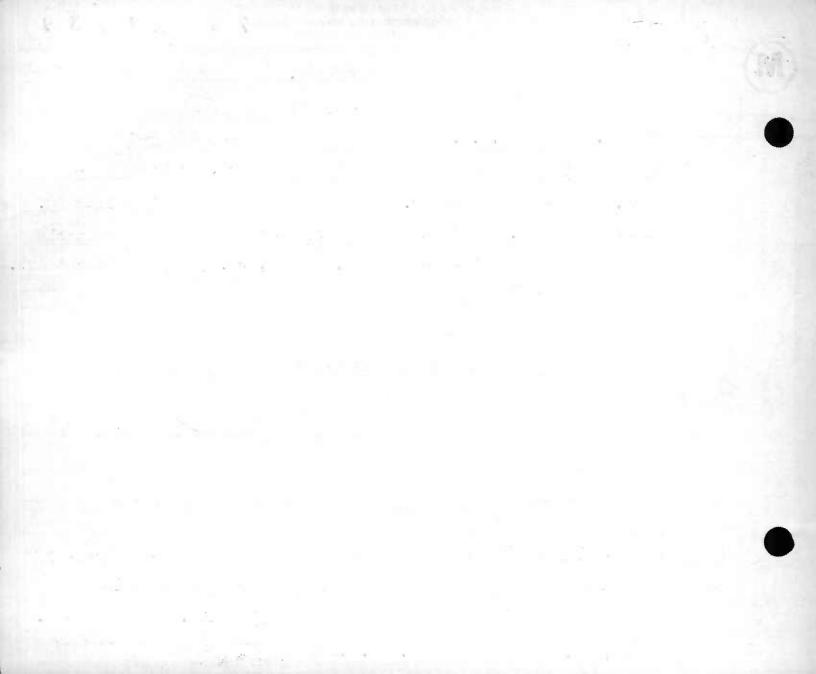
- STATE REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENEY
CERTIFICATE OF DEATH

REG. NO.





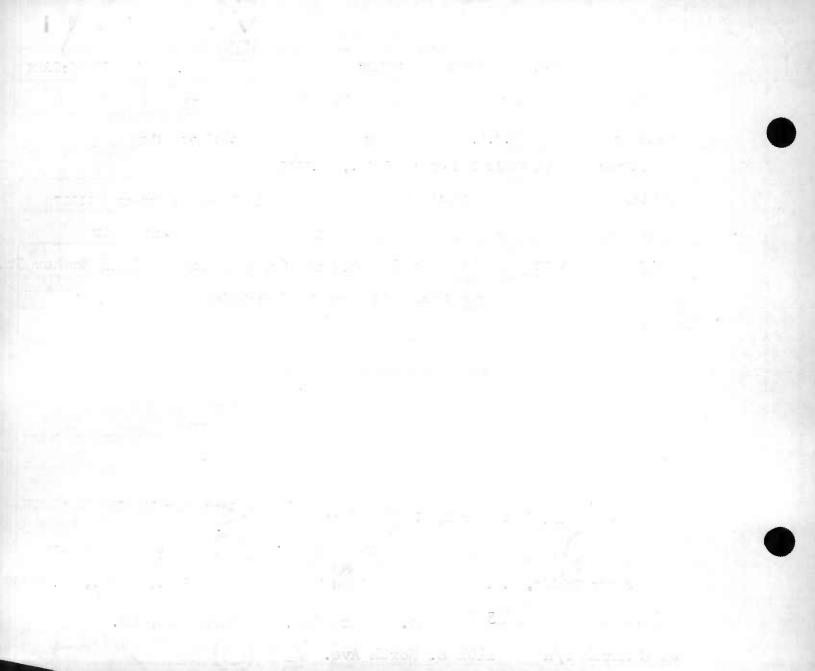
	1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 1 9 4 0
	DEC (TYPE	EASED NAME FIRST OR PRINT) Reubel	WIDDLE	FUR	AST TAT	26. DATE OF DEATH MONT	The ricox
	3 SE)		4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	
		Male	White	Man	DAY YEAR	=6	MONTHS DAYS HOURS MIN
3200	7a. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? I	D INEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
25		Maryland	U.S.A.	WIDOW		Baltimore Ci	ty
	6.	altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Maryland Gene	ET ADDRESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Driver	IZE KIND OF BUSINESS OF INDUSTRY Taxi
3	USUA 13a S	t RESIDENCE (# NURSING HOME OR TATE 131 COUNT Maryland Balt	other institution, give residence ber NTY 13c. CITY OR TO Relisters to	WN	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 959 Shirl	ey Manor Rd.
		THER'S NAME			15. MOTHER'S MAIDEN NA	ME	
30		Isaac	MIDDLE LAST Furms	an	Rose	WIDDLE	LAST
-		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		17 INFORMANT	959 Shiffley	Manor Rd
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/	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	MEDICAL CER	216. ACCIDENT WAS UNDERLYING CALCOLORING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN II	EM 18, PART I OR PART 2)
	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that 1 (this hospi saw the deceased alive on above 1 (we) (did) (did) (did) 220. SIGNATURE	solve the body after death.	79	St 10 , 19 79 and that in (XX (our) apinion of DEGREE		nd hour and from the causes stated 22c. DATE SIGNED
	-	Susanse	elew and)	ms	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DS 9/10/79
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		224 PHYSICIAN'S NAME (TYPE O	rtz, M.D.			d General Hosp	pital
	23a. B	urial, cremation, removal Burial			emetery or crematory View Mem. Par	23d LOCATION CITY OR TOWN K Sykesvill	County

STATE OF MARYLAND

DHMH-16 20M (VRA 15, 4) 7/78

SEP 1 3 1979

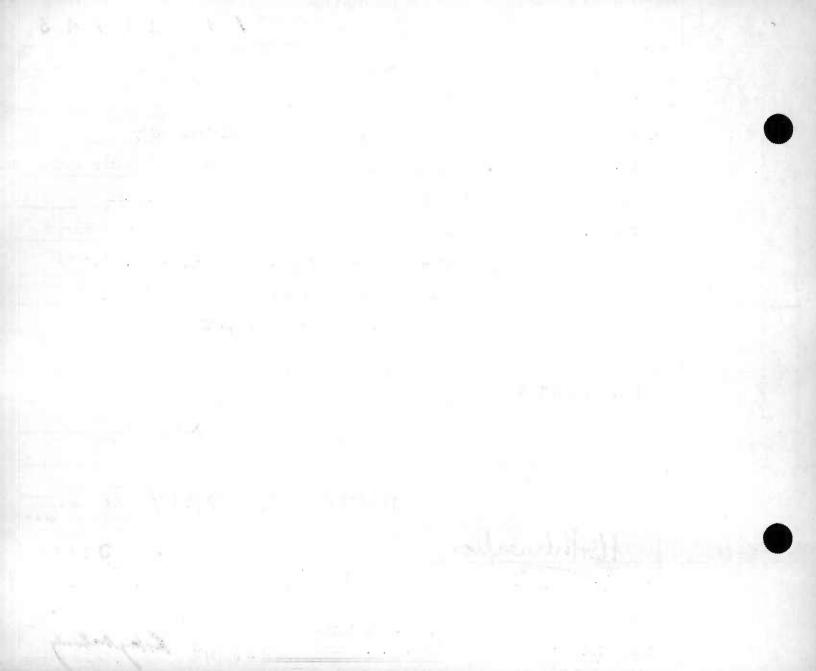




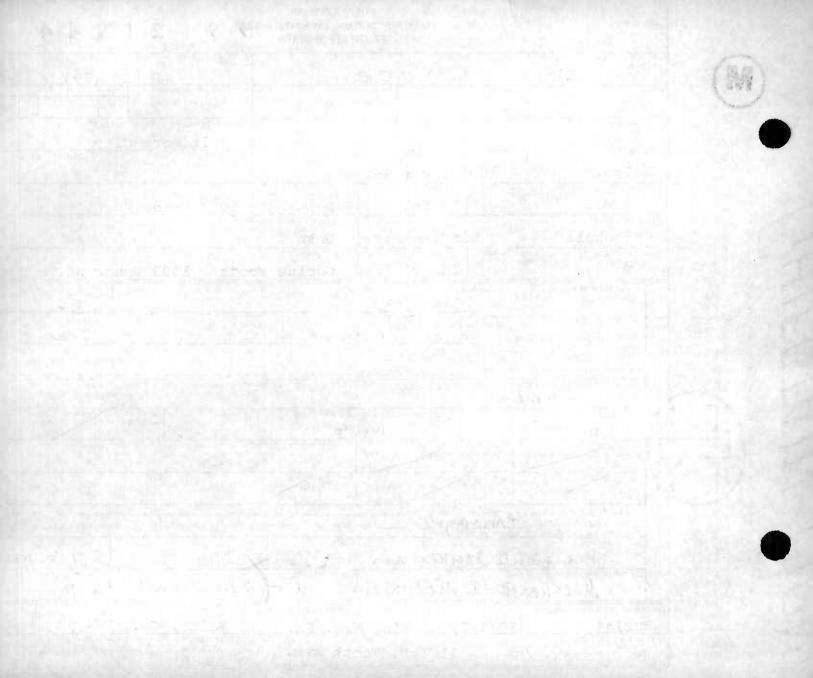
		FOR	DEDART	STATE OF MARYLAND	ourse 7 (2 (2	1 0 4 0
xou	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	- Con	1992
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
Di Di	(TYP)	OR PRINT)	chard Harves	ston Gales	Sept. 16, 19.	19 3:40
· ò	3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
Dr.		Male	Negro	MONTH OAY YEAR	48 YRS.	MONTHS DAYS HOURS MIN
Pogg Pogg	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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Hour hour	USU 130	AL RESIDENCE (IF NURSING HOME CONTACT	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
within 24 hou within 24 hou d 2 should be onine must be			ndolph Liberts	The literate City Emilio.	Box 6	12.Liberty, N.
thur year	7/14 F	ATHER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN NA	AME MIDRIE	LAST
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2n DATE OF DEATH FIRST MONTH 26. HOUR (TYPE OR PRINT) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEND MONTH YEAR MONTHS DAYS HOURS female hite 06 In BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7h CITIZEN OF WHAT COUNTRY COUNTRY MARRIED NEVER MARRIED Baltimore City Maryland DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Agnes Hospital Baltimore Retired lotor Vehicle Ad. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 609 Aldershot Road Maryland Baltimor YESKI NO F 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Parum John W. Marie McClure Louise ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 21229 213-14-8991 Helen Jacob, 609 Aldershot Rd. no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: EDEMA LMONARY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF FAILURE & CHF. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION PNEUMONITIS 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES 🗀 NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY ŏ 21f. LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS should be with the S 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Baltimore Burial Loudon Park Maryland AVE., Latonsville l'Idese, Date REC'D. BY REGISTRAR 256, RE 24. FUNERAL DIRECTOR DHMH-16 20M Witzke Catonsville Funeral Home, P.A. 21228 (VRA 15, 4) 7/78



40				STATE OF MARYLAND					
1	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 4 4			
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR				
	(*****	Ella	L.	Gamble	9 26	79 M			
	3 SE		4 RACE	5. DATE OF BIRTH					
		F	В	2 18 98 YEAR	81 YRS	NIHS DAYS HOURS MIN			
9077	7a 8l	RTHPLACE (STATE OR FOREIGN S.C.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED					
O O		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 1003 Upnor	NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY			
ed 32	USU.	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13e STREET ADDRESS	7.00			
ner	14 FA	THER'S NAME		15 MOTHER'S MAIDEN NA					
300		Mitchell	Windham	Unkn	MIDDLE	LAST			
	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS				
medico	(res, no or unknown) (IF yes, give	251-26	-3666 Corine W	oods 1003 Unn	or Rd			
or ather traumatic event, th		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), o D BY: FE CAUSE (o) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	IENCE, OF LITTLE OF		Typ			
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huo swoys	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED					
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em 21 is mo			tal) attended the deceased fram. TMO CHAP 19 1) view the body after death.			nd from the couses stated			
Ž.—		marque	rite Imman	4775110010	MEDICAL STAFF DIRECTOR PHYSICIAN	REG. NO. DATE OF DEATH MONTH DAY YEAR 26. HOUR 9 26 79 M GE (IN YEARS LAST BIRTHDAY) 81 YRS ALTIMORE CITY OR COUNTY OF DEATH Baltimore City! MD. USUAL OCCUPATION PEOF WORK FOR MOST OF WORKING (IFE) STREET ADDRESS 1003 Upnor Rd. ADDRESS ds 1003 Upnor Rd. APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH WYS IN CERTIFYING CADSES OF DEATH? YES NO PEOF WORK IN TEM 18, PART 1 OR PART 2) COUNTY STATE TO 19 , that (I) (we) last of accurred an the date and hour and from the causes stated EDICAL STAFF RECTOR PHYSICIAN SQUARE SIGNED STAFF RECTOR PHYSICIAN SQUARE SIGNED 127. DATE SIGNED			
MPORTANT		22d. PHYSICIAN'S NAME TYPE OF	RITE T. MORN		Maryland.	Ho-p.			
3	23a. 8	SURTAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY		DUNTY STATE			
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76		INERAL DIRECTOR Mm C March F/	'H 1100 1	E. North Ave	T 1 1070	my /X & Greedy			
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	3. SEX		4. RACE		5. DATE C	OF BIRTH	UF - A	6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF (
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÷70	NORTH	CAROLINA	U.S		WIDOWE	DD DI	VORCED	BALTIM	ORE CIT	Y	
fied		DWN OF DEATH	11. NAME O	F HOSPITAL, NURS	ING HOME (R OTHER INST	TITUTION	120. USUAL OCCU	PATION	17h KIND (
e 13	BALTI		VETERAN	NS ADMINIS	STRATT	ON MEDI	CAL CE	NTER	0010111011101	"E/ IIVDOSTKI	
ost br	USUAL RESID 13a. STATE	ENCE (IF NURSING HOME COL	OR OTHER INSTITUTIO	13c. CITY OR TO	RE ADMISSION)			13e. STREET ADDRI	SS		
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0830	14 FATHER'S	NAME FIRST	MIDDLE	LAST			MAIDEN NA	ME	t E	14	ST
U\$50	WIL			GAMBLE			ROSA			BLANKS	
medicol 2	160 WAS DEC (YES, NO OR	EASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	? 166 SOCIAL SEC	URITY NO.	17. INFORMA		21	DDRESS		
the me	YF	es ww	ITT	2383066	88	MRS. K	65 N [Slanks 1	04 LIN	don CT	
ta buriol, crem ijury, or other	PART 2.	OTHER SIGNIFICANT	(c)_	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEASE OR C	ONDITION GI	VEN IN PART 1	0 1
rmit. Then prior to bu ony injury,	PIGE DAT 21a. ACC	E OF OPERATION	In son	IDITION FOR WHICH	L OBERATIO		2005				
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shows 2	2ln ACC	IDENT WAS UNDERLYING	21h TIME	OF INJURY		171r HOW IN	ILIRY OCCUP	YES ☐ NO		ES C	
Mental Hygiene or Item 18 shows	00.00011	RIBUTING CAUSE OF DE	HOUR A	A.M. MONTH		THE HOW WAY	JORT OCCUR	KED (ENIER NATURE OF	INJURT IN HEM 18,	PART TOR PART 2)	
or He	<u> </u>	R, NOTIFY MEDICAL EXAMINER URY OCCURRED		P.M. E OF INJURY	19	211 LOCATIO	N				
alth and Mental Hy marked or Item 18	WHILE AT WORK	NOT WHILE		STREET, FACTORY, OFFICE,	, FARM, ETC.)	STREET		CITY O	RTOWN	COUNTY	
is mar		rtify that (1) (this hosp	oitol) ottended	the deceased from	AUGUS'	r 31	19_ 79	to SEPTE	MDED 7	19 70	thota
21 is	sow	the deceosed alive or	SEPTE	MRER 7 19	79 . or	d that in (My)		deoth occurred on the		ur and from the	COUS
flem i	22b. SIG	NATURE	ox view the boo	dy otter deoth.		DEGREE				22c, DATE	
<u>0</u> <u>±</u>	1	6-	1 12	1.1	man		TTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF	9/1	1
S A	22d. PHY	SICIAN'S NAME (TYPE	OR BRINT)	1	h-	22e ADDRESS] DIRECTOR [] PA	ISICIAIVE	1/ 00/	
with the State	Th	oms R	G.L.	121 h	J	3900	O LOCH	RAVEN BLY	7D 212	18	
3 ≥	23a. BURIAL, C	REMATION, REMOVAL	L 23b. DATE	23c.	NAME OF C	EMETERY OR C		23d, LOCATION	VU 414		_
	Bur	ial	9-14	1.79 1	40114	14.11		ESSE	in the	COUNTY	M
/76	24. FUNERAL D				1		25a. DAT	E REC'D. BY REGISTI		TRAR'S SIGNAT	
76	NAME	A Magazani	· Sous	ADDRESS	11050	170 2	1	E REC'D. BY REGISTI	2	TRAR'S SIGN	TĂI

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STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

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	REGISTRAR		CERTITI	CATE OF DEATH	REG. N	0.		150
	CEASED NAME FIRST	WIDDLE	LA	SI	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1186	S LO	an A		- wheel		a -1-	79	12.01
3 SE	v v	14 RACE	S DATE OF	ambrell	/ ACE	I IE UNIONE	2 2 45 4 2	100 AM
3 25	^	* RACE	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS	DAYS	HOURS MIN.
	Male	White	May	5, 1906	73	YRS.		
7a B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
	S. Carolina	United States	WIDOWE	DIVORCED [Baltimore	City		MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		R OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12b.		F BUSINESS OR
R.	altimore	Baltimore Cit		*+~7	(TYPE OF WORK FOR MOST O		USTRY	3
	AL RESIDENCE (IF NURSING HOME O			1. 661.1.	Truck Driv	ver fr	nck	driver
130	STATE 136 COU	NTY 13c. CITY OR T		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	Maryland	- Baltimo	ore	YES 🕅 NO	3217 Ellio	tt St.		
14. FA	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	WE			
T	Villiam	- Gambrell		PIRST	MIDDLE	11-7:3-	LAST	Γ
_	WAS DECEASED EVER IN U.S. AI		CURTY	Daisy	ADDRE	Holida	9	
	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)		17 INFORMANT	ADDRE	.55		
	No.	- 212-03	3-1789	Flora Gambre	11 3217 E	Lliott St		
	18 CAUSE OF DEATH Enter o	nly one couse per line for (o), (b)	, and (c)					MATE INTERVAL DISET AND DEATH
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	Conditions, if ony, which	(1b) Netu	Lelic	accidosi's				
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENICE OF			10000		
	underlying cause lost.	Rev		ilure		- 3		
	DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			NIAL DISEASE OR COM	DIFICULTURE	A DT 1	
z	PART 2. OTTER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BOT I	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	JITION GIVEN IN P	AKI I(o	.1
읃								
O	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	I WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDIN	GS USED
1					YES NO	YES 🗍	AUGEG	NO 🗆
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR F	ART 2)	
	OR CONTRIBUTING CAUSE OF DE		-711					
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MEL	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TOV	vn cour	VIY	STATE
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	220.1 certify that (1) (this hosp	ital) attended the deceased fro	m		to		, t	that (I) (we) lost
	sow the deceased alive or	11	9, onc	that in (my) (our) opinion o	death occurred on the do	ote and hour and fr	om the c	couses stated
	22b. SIGNATURE	ot) view the body ofter death.	<u> </u>	EGREE		22.	DATES	SIGNED
-1.	6.1	m/ 1) .	ATTENDING	MEDICAL STAF		9 ,	2.0
	allam	- Lock	an 1	1 PHYSICIAN	DIRECTOR PHYSIC	IAN 8	1-1-	-19
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS				
	Brown	TIZ lacks	4	Ba H	City 1	1 mes cont	1	
23n F	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	123d LOCATION	037.16	-	
	SPECIFY)	230.07.10	C. TAME OF CE	THE TENT OR CREMATORY	CITY OR TOWN	COUNTY		STATE

Moreland Memorial Cem

DHMH - 16 50M 1/76 (VR A 15 (4))

(SPECIFY) Burial

24 FUNERAL DIRECTOR Zeiler Inc. 700 S. Conkling St.21224

Sep.5,1979

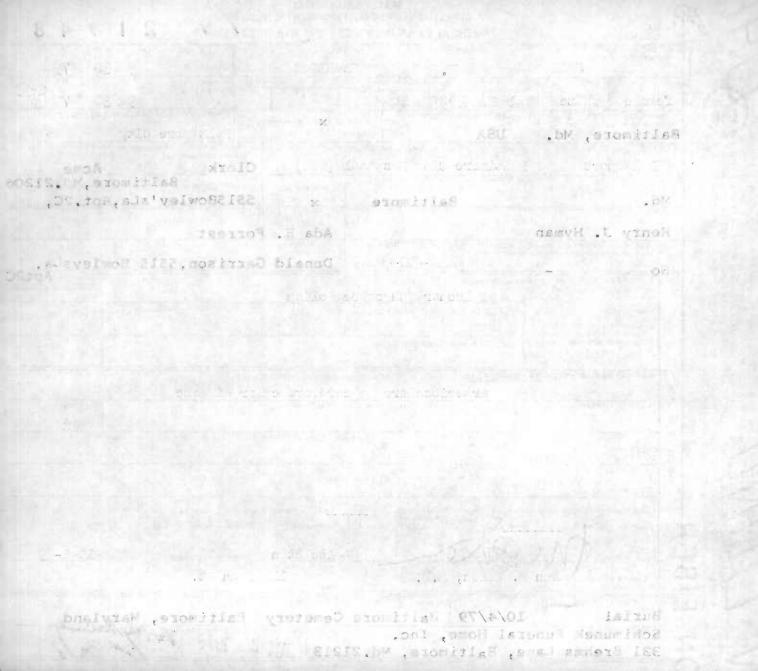
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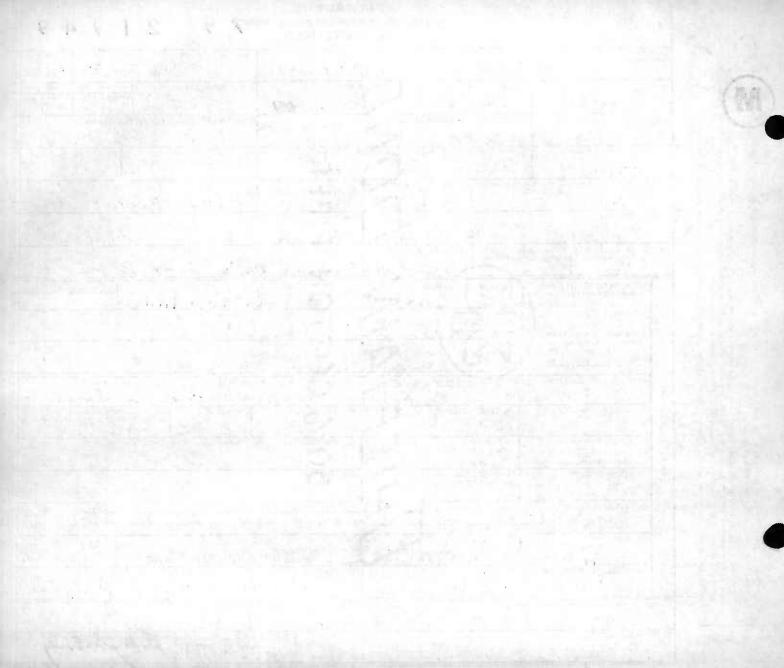
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN X MONTH DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-Garland 9 10 1979 George & AGE LIN YEARS IF UNDER 24 HRS A RACE DATE OF BIRTH DATE 12938 LAST BIRTHDAY PRONOUNCED DEAD P 9-18-28 40 yes 1979 Male White TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA N. C. DIVORCED Baltimore City. ID. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 1/2b, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lumberman Baltimore City University Hospital USUAL RESIDENCE (IF IN NURSING MEME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 13e STREET ADDRESS Bskersville 13d INSIDE CITY LIMITS? 13a STATE Mitchell YES [NO K 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Garland Darlie Gardner Jake 17 INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR LINKNOWN) LUEYES GIVE WAR OR DATES 411-62-4730 Dixie B. Garland Bakersville. N. C. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUF TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 in 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 116. TIME OF INJURY
HOUR MONTH DAY YEAR 216 EXTERNAL CAUSE WAS UNDERLYING A OR 10:45 10. 79 tree fell on subject CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED MD. AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE [3400 Blk. Arters Mill Rd. Westminster, Carroll woods 22s. I certify that I took charge of the remains described above, held an Inquiry and in my apinian Undetermined manner death resulted from: Homicide TITLE (SPECIFY) Deputy ChiefEDICAL EXAMINER DATE 9/11/79 ACTUAL TO FUNERAL DAFTER DEATH SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., (TYPE OR PRINT) 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Mitchell Beans Creek Cemetery Bakersville 9-13-79 Burial BP. 25g, DATE REC'D, BY REGISTRAR Md. **DHMH-17** (VR A15 ME (5)) 15M 7/76

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Market Contract Contr				STATE OF WARTLA	ND		
3	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND M CERTIFICATE OF DI		7 9 2 REG. NO.	1949
		CEASED NAME FIRST	WIDDLE	LAST	2a. l	DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 11	IIIPE	CA.	RRIE	GASSAU	XAU	09	26 79 850am
	3. SE	X	4. RACE	5. DATE OF BIRTH	6. A	GE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(M)		Female	BLACK	MONTH DAY	O7	72	MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER M.	APPIED P 8	ALTIMORE CITY OR COL	JNTY OF DEATH
1 15 33		md.	USA		ORCED	BALTINI	OVE CITY MD
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20 nors	usu	AL RESIDENCE (IENIESING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEI				
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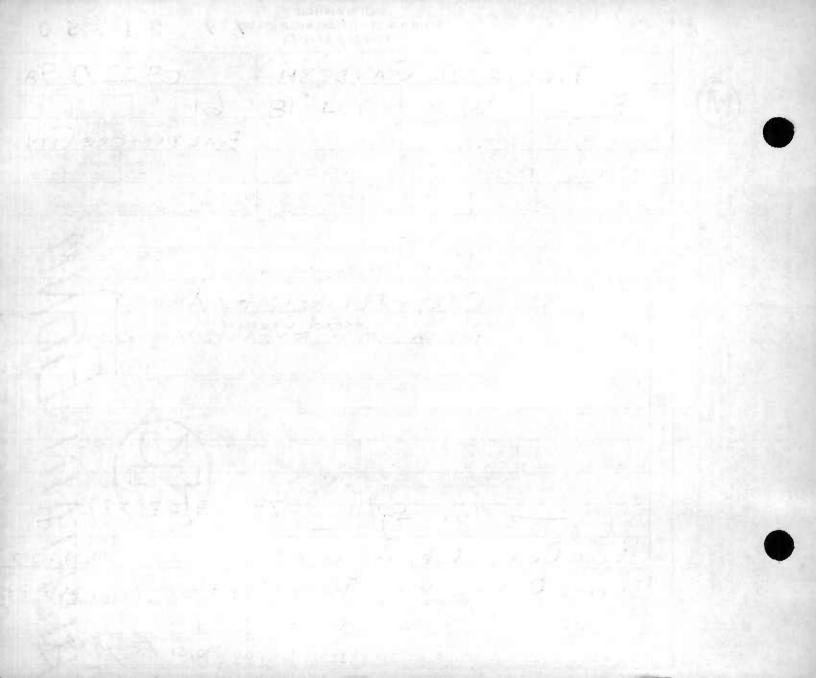


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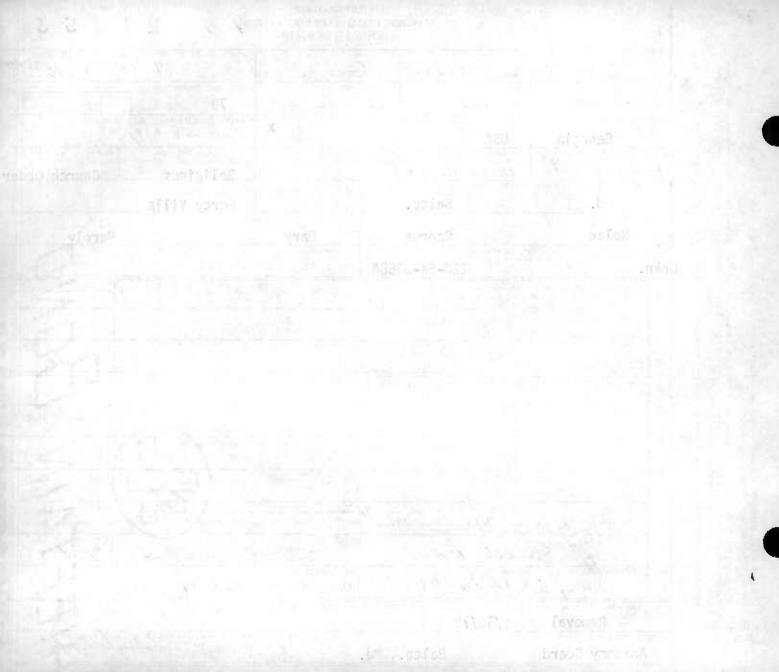
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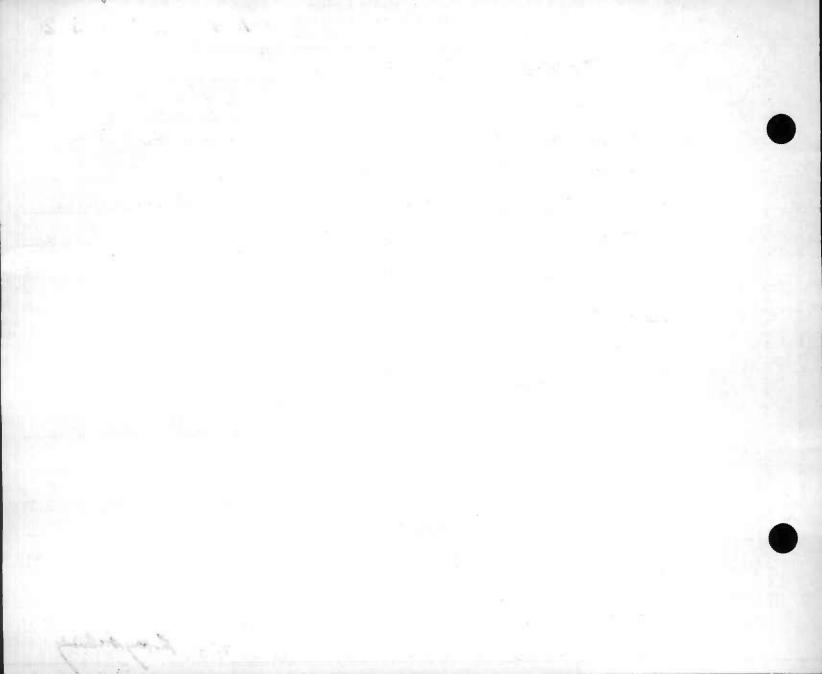
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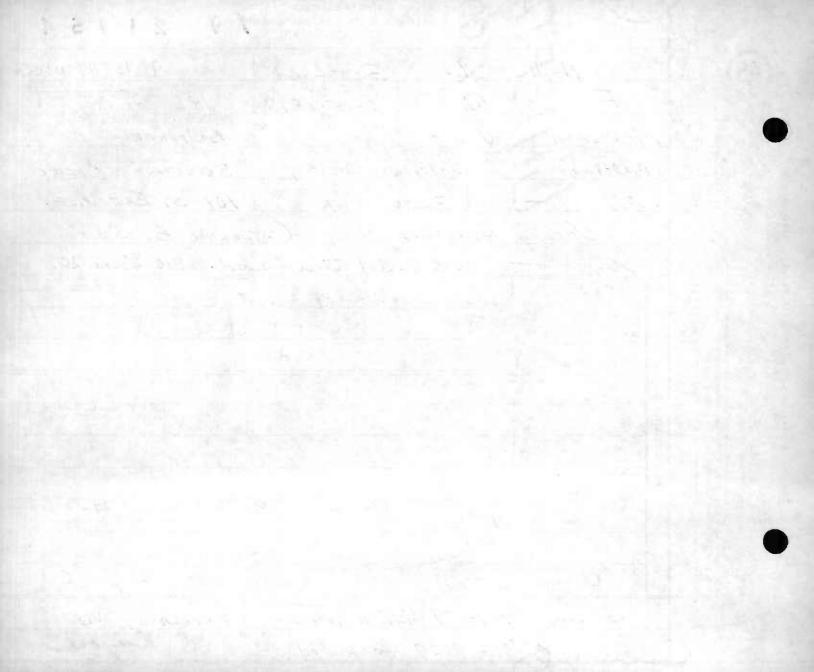


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236 BURIAL, CREMATION, REMOVAL 23b. DATE 23C NAME OF CEMETERY OR CREMATORY 1736. LOCATION CITY OR TOWN COUNTY STATE		2	230	BURIAL, CREMATION, REMOVAL SPECIFY)					CITY OR TOWN		COUNTY	STATE
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OHMH-16 25M (VRA 15, 4) 1/79 WALTER BROOKS BRADLEY INC. DUNDALK, MD. OCT (2 1070 Richard Red)		5M 1/79		NAME	BRADLEY	ADDRESS INC.	IINDA			P	La Ro	The section

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BESSIE GILDENHORN SEPTEMBER 13, 1979 8: **RACE CAUCASIAN **AUG.** PROMOTE DATA** AUG.** PROMOTE DATA** **PROMOTE D	1	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2	19	5 7
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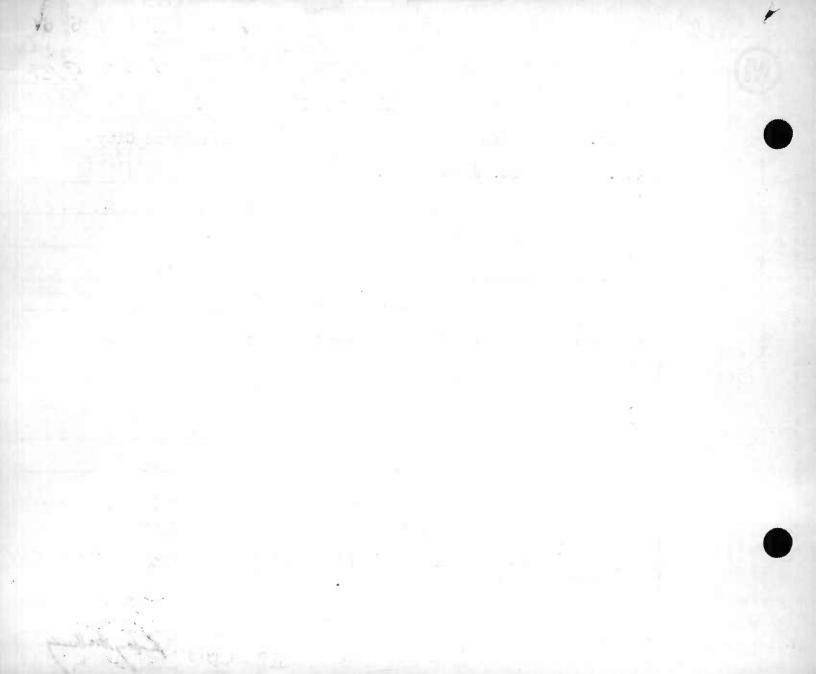
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DHMH-16 20M

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST DECEASED NAME 2a DATE OF DEATH 26. HOUR (TYPE OR PRINT) GILLETTE 19/ DOLORES LAURA 4 RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 35 DAYS 43 B YRS. TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Baltimore City Md. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12m USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. Agnes Hosp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. Falto. 3616 W. Saratoga St YES 🔀 NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDGLE LAST Howard Μ. Gillette Louise Jackson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! 215-30-8803 3616 W. Saratoga St. Louise Gillette APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID EQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES [CERT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 274 PHYSICIAN'S NAME 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) COUNTY Burial 9/25/79 New Cathedral Cem Baltimore. 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR ADDRESS (VRA 15, 4) 7/78 Wm C March F/H 1101 E. North Ave.



Miller Inc-115 Belair Rd. -21206

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

COUNTY

STATE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS OAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maintainence Cutaw Street LAST Brandt - 2910 Goodwood PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

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D. BY REGISTRAR

DHMH - 16 50M 7/77

(VRA 15 (4))

24. FUNERAL DIRECTOR

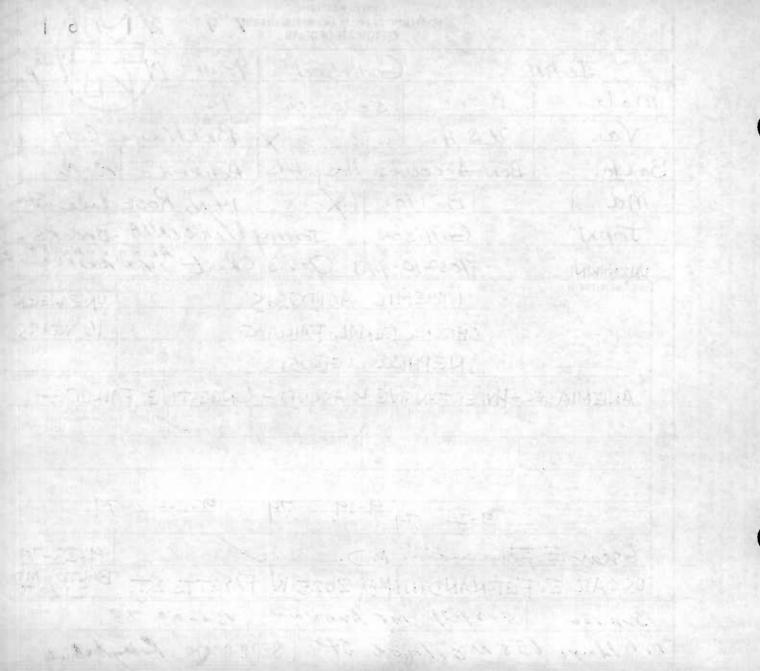
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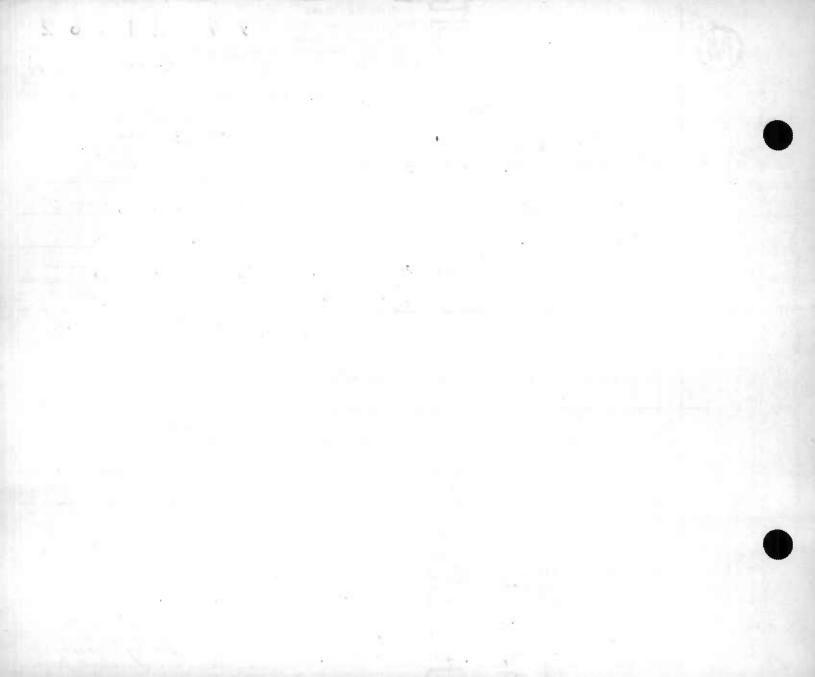
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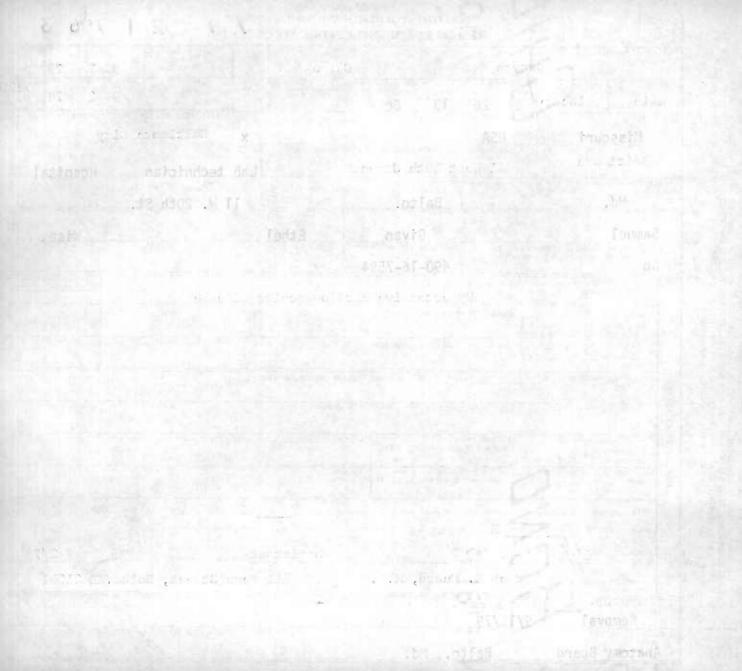
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DAY DECEASED NAME (TYPE OR PRINT) 501 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 24 HRS 4 RACE 5. DATE OF BIRTH 3 SEX MONTHS ma TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH NOT IN SUCH FACILITY, GIVE STREET ADDRESS! ecours USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY ECITY LIMITS? 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE SON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) UNKNOWN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to EAR Conditions, if ony, which gove rise to immediate couse lot, stoting the ROSCLEROSIS underlying couse lost RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CONGESTIN CERTIFICATION 206 JF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? p CERTIFYING CAUSES OF DEATH? NO [NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from. 9-7/1 sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS IMPORT/ shou 23d. LOCATION 230. BURIAL CREMATION REMOVAL CUTTOR TOWN STATE 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** DHMH - 16 50M 7/77 (VR A 15 (4))



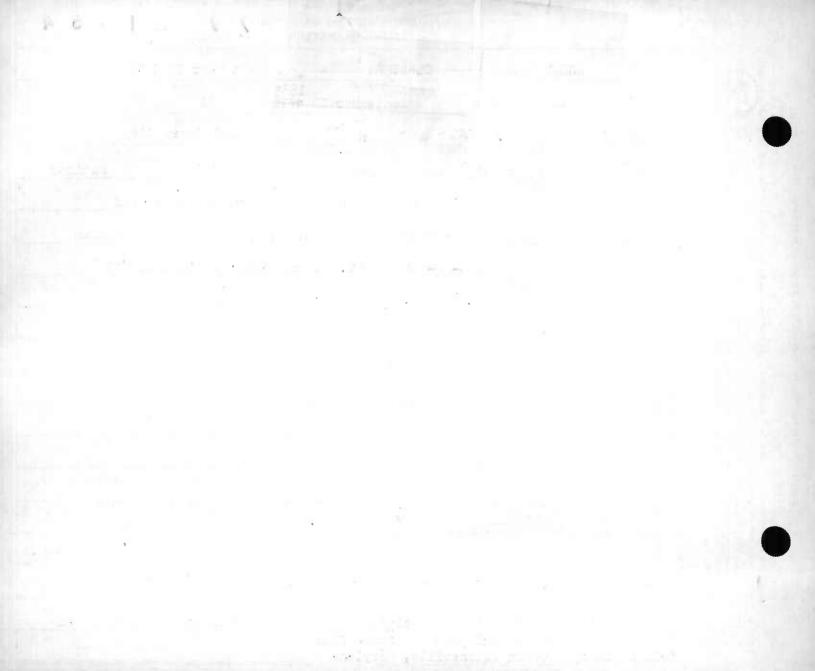


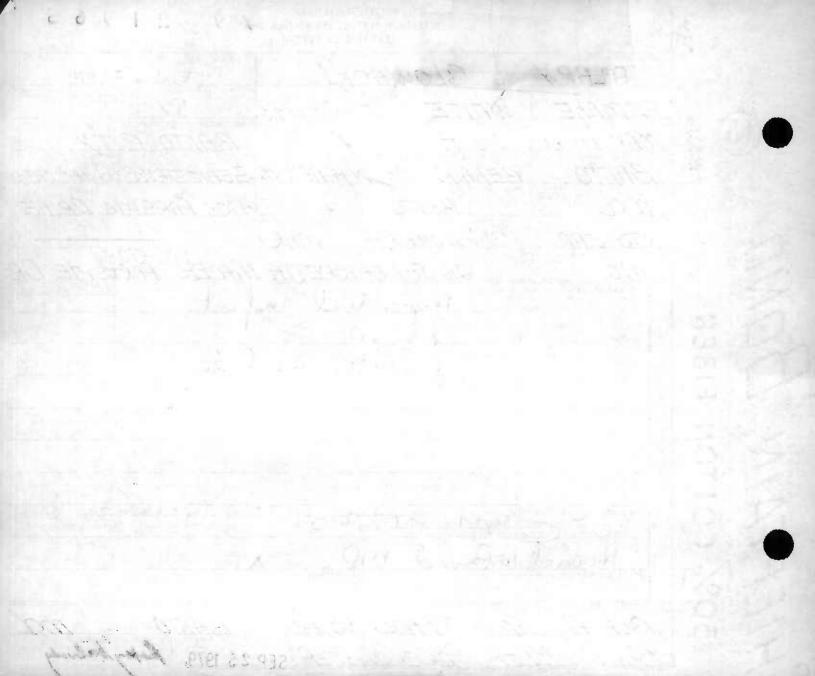
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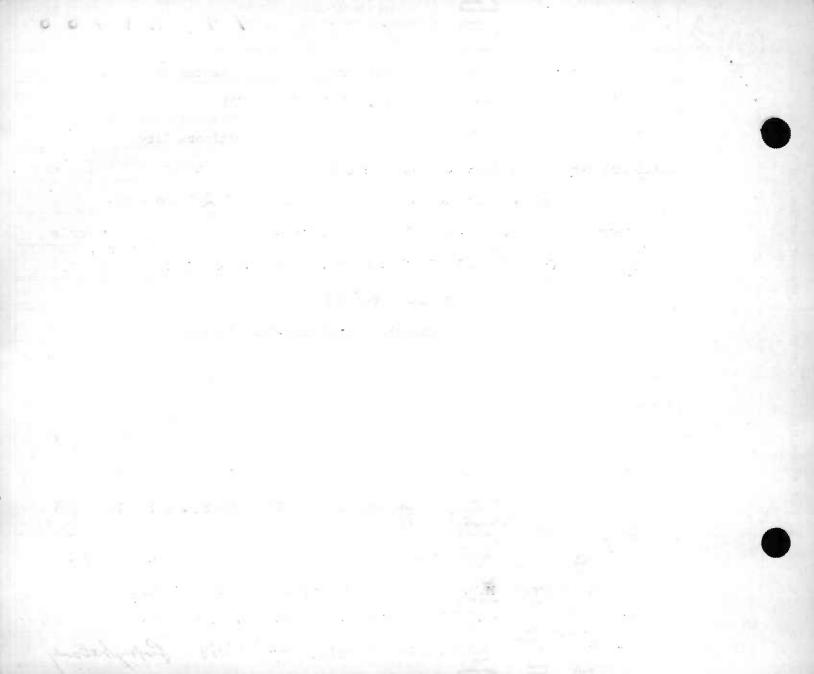
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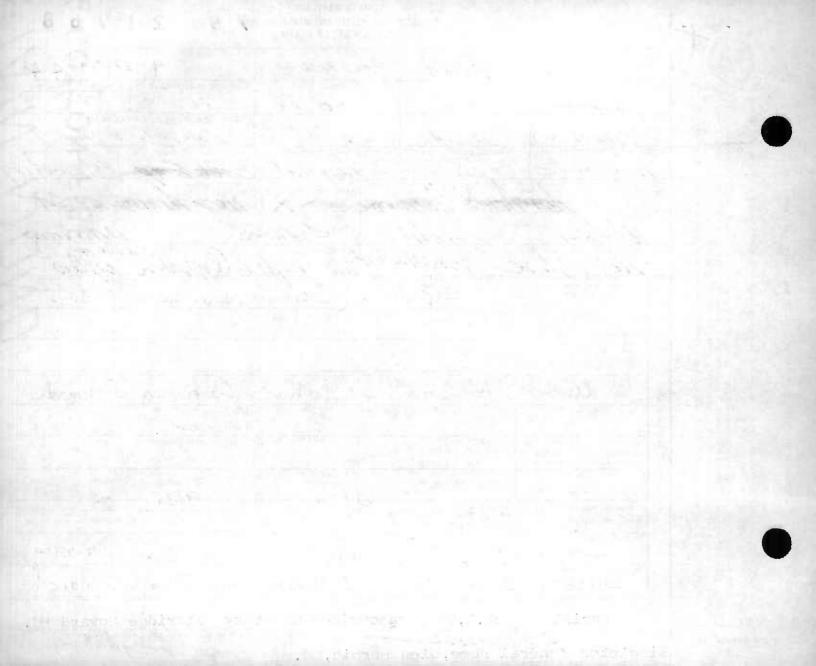


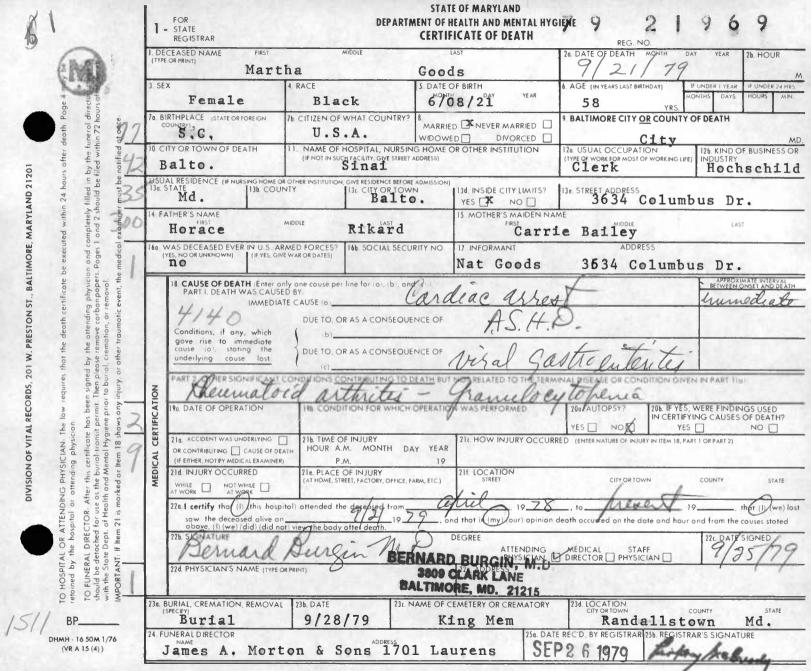
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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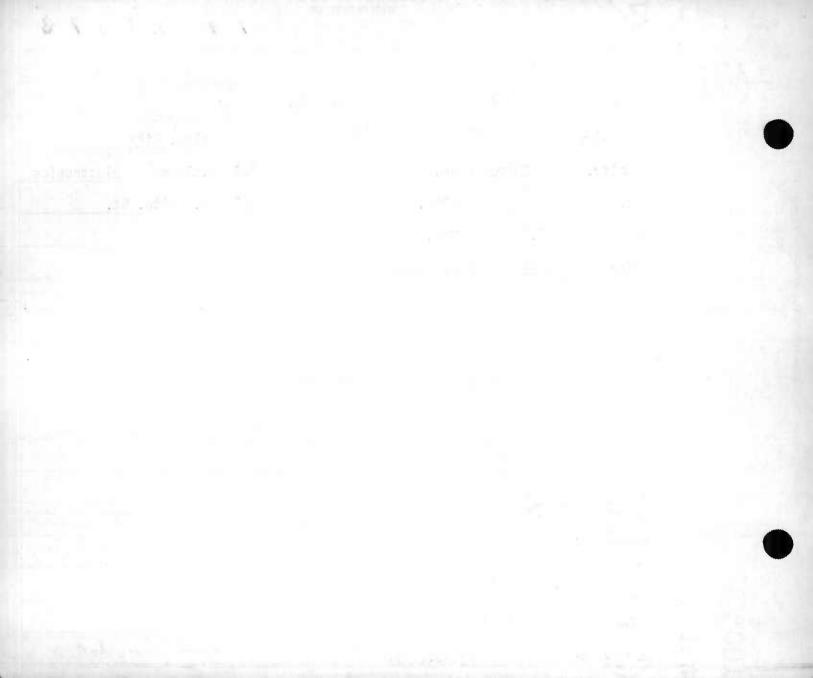
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AL RECORDS, ;	CERTIFICATION	190 DATE OF OPERATION		Managen	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES (
DIVISION OF VITAL OR ATTENDING PHYSICIAN The hospitol or attending physicon baseCTCDR. After this certificate by attending physical price of the buriel-framile beautiful regulational beautiful one Meetal Hygien Dept. of Health and Meetal Hygien II them 21 is marked or term. It shows	MEDICAL CE	23g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22g.1 certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	P 21e PLACE (AT HOME, S'	P.M. OF INJURY TREET, FACTORY, OFFICE, F	19 **ARM, ETC.)	21f. HOW INJURY OCCUR 21f. LOCATION STREET , 19 34 and that in (my) (our) opinion DEGREE ATTENDING	city Or Tow death occurred on the de	, 19, ate and hour o	COUNTY	
O HOSPITAL returned by the Control of the State of the St		220. PHYSICIAN'S NAME (TYPE O	MUU RPRINT) Theil	Cohen		220. ADDRESS Johns Hoppus] DIRECTOR PHYSIC	OINEN	way B	altma
90 GBP	0	BURIAL CREMATION, REMOVAL INCOPY INERAL DIRECTOR MAME	9/9	179 JE	H/NS	EMETERY OR CREMATORY SHOPKING 25a. DS	THE LOCATION CITY OF THE PARTY	25b. RECOUNTER	anti Troy Miller	deady.

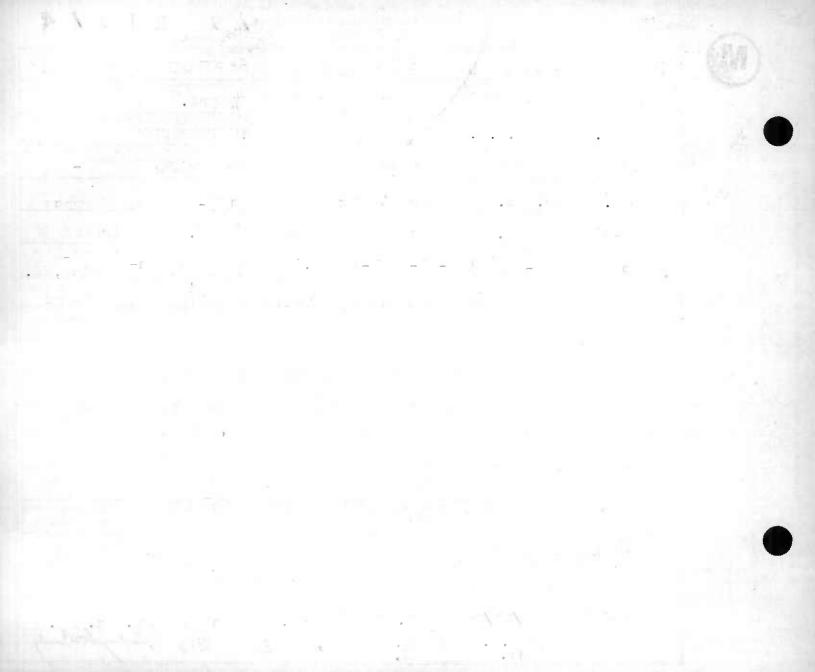
And to the state of the control of the control of DETE ENLUCION . A SECSO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME 2a. DATE KNOWN X John J. DEATH MATED 25 DATE OF BIRTH A AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE PRONOUNCED 7:17 Dec. 25 19 79 DEAD Male White PM 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Manuland Baltimore City, 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore St. Agnes Hospital Winder enenal 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Hampton, Road Anne Arunde hryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Lee Marosa yeorge North Liver Ecum, Md. 21090 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OF HUKNOWN) 1 (IF YES, GIVE WAR OR DATES) Gottleib 37 Hampton Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ORWARDED TO THE CHIES R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF P 21201 PRIOR TO BURIAL, C YES DE NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 and in my opinion 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Hamicide Undetermined monner Natural couses TITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER 9/26/79 SIGNED EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street Glen Haven Memorial Park Glen Burrie Anne Arundel Md. BP. Patapsco Avenue Balto., Md. DHMH - 17 (VR A15 ME (5)) 15M 7/76

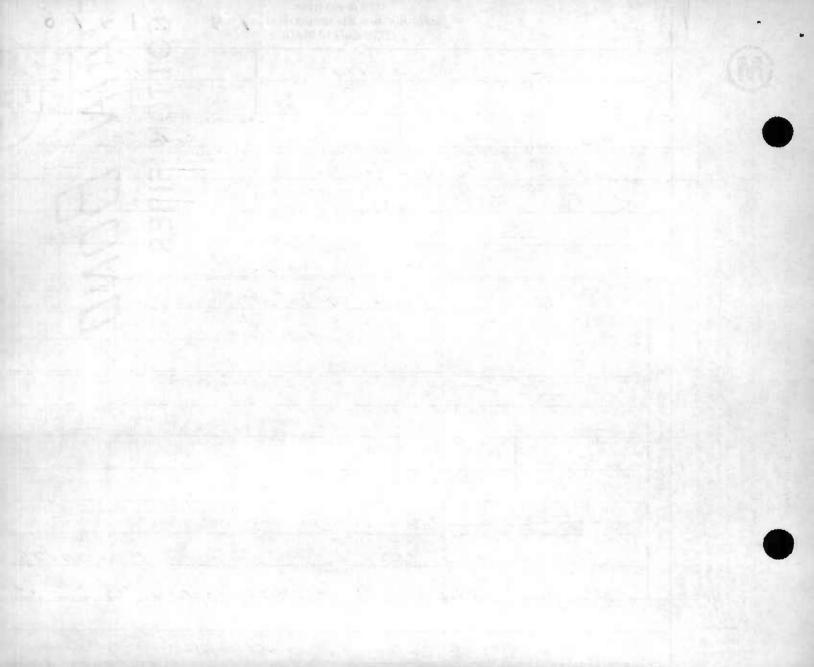
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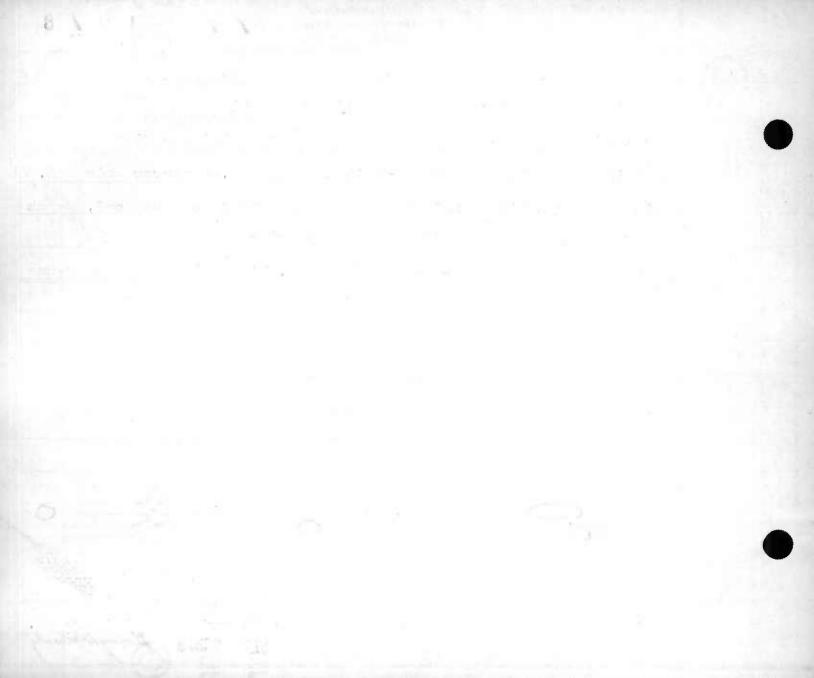


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sit permit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
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for one of Head		22a.1 certify that (I) (this hospital sow the deceased alive on above, (1) (we) (did) (did not		190	nd that in m (our) opinion	death occurred on the do	te and hour and from th	ther (I) (we) los ne couses stated
At Diffe detached ute Dept Tr. If Item		226. SIGNATURE OLDIGE	D. Vaylor	uss	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFI	F 0	14/28
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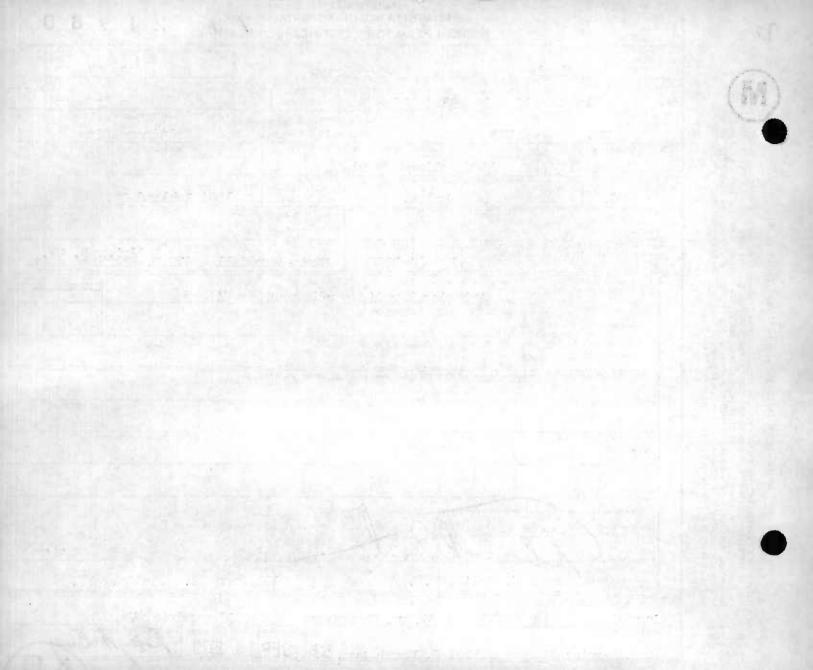
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DIVISION OF VITAL RECORDS, 201 W. PRESTQ DING PHYSICIAN: The law requires that the decited physician. After this certificate has been signed by the attents is the burial-transit permit. Then please remove call than and Mental Hygene prior to burial, cremation, marked or Item 18 shows any injury, or other transmarked or other transmarked or Item 18 shows any injury or other transmarked or	NO	O	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	IN PART I(a.
TAL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, YES NO THE YES	WERE FINDINGS USED NG CAUSES OF DEATH?
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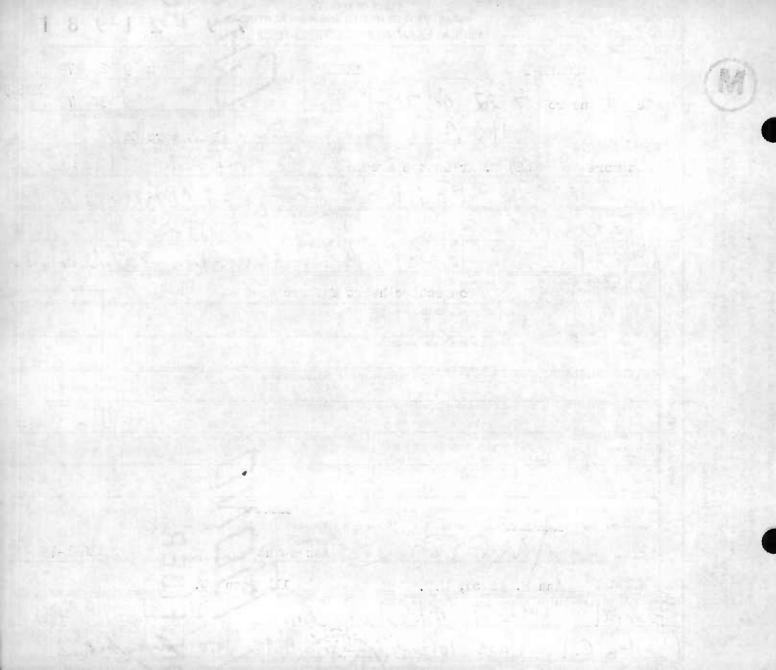
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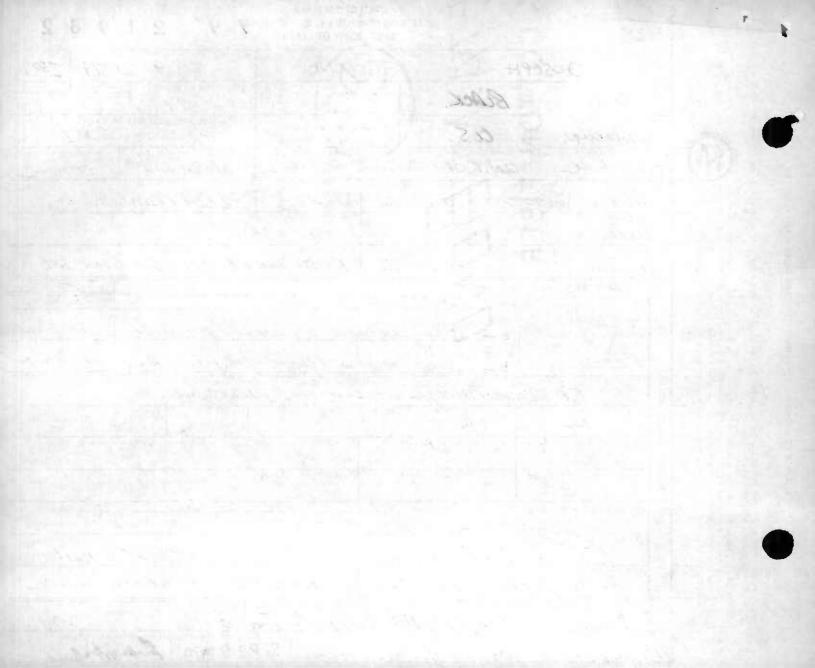
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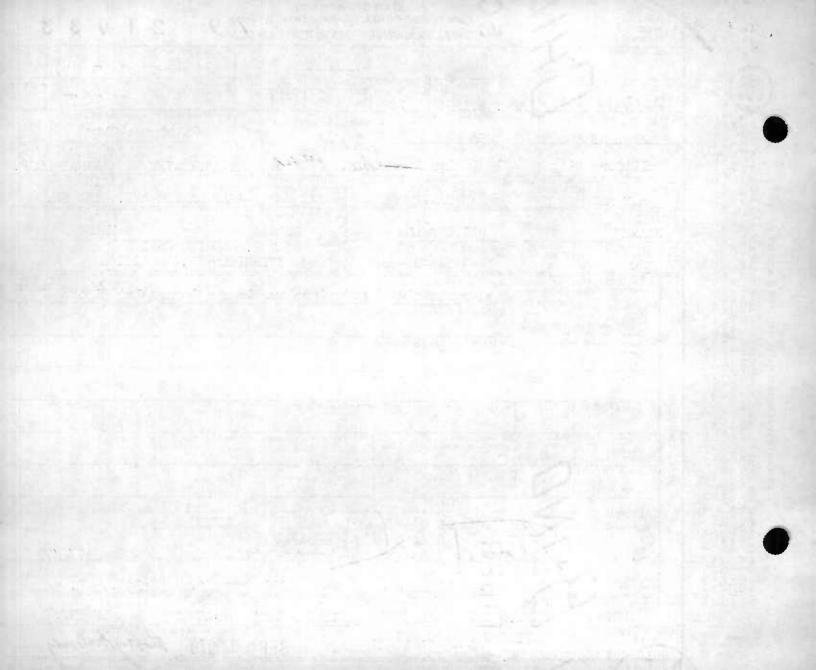
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	CAT	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPE	ration w	AS PERFORM	ED?				2D. A	AUTOPSY?	?
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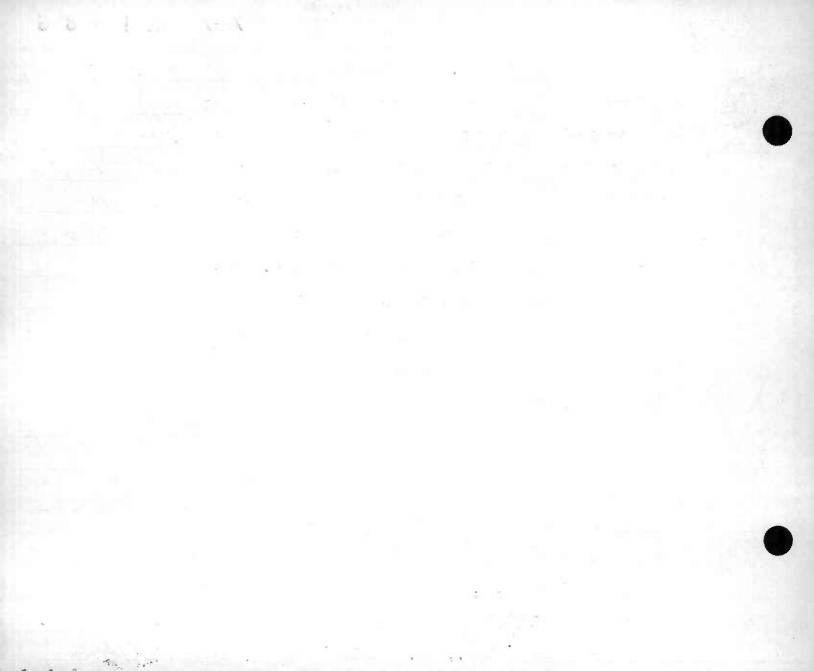
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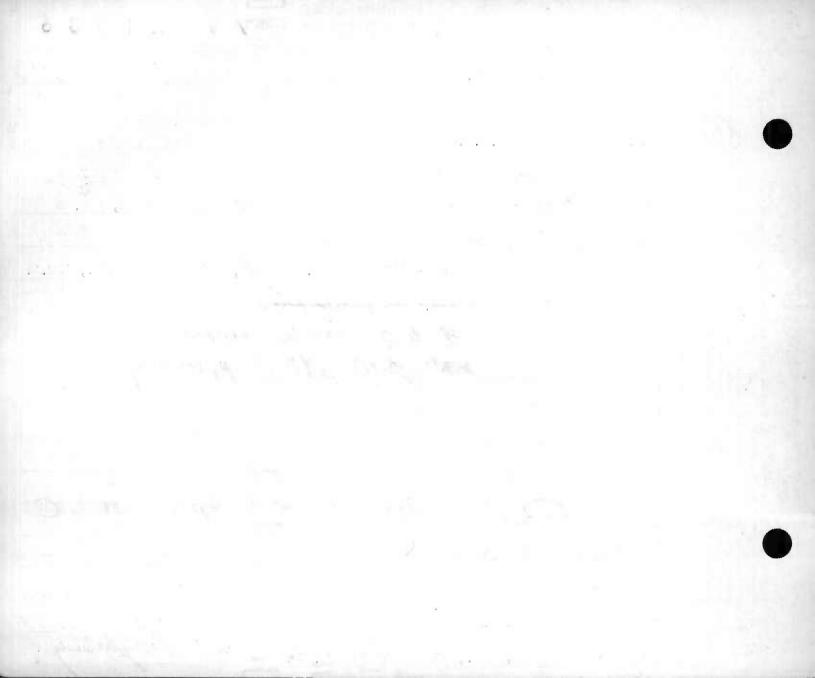




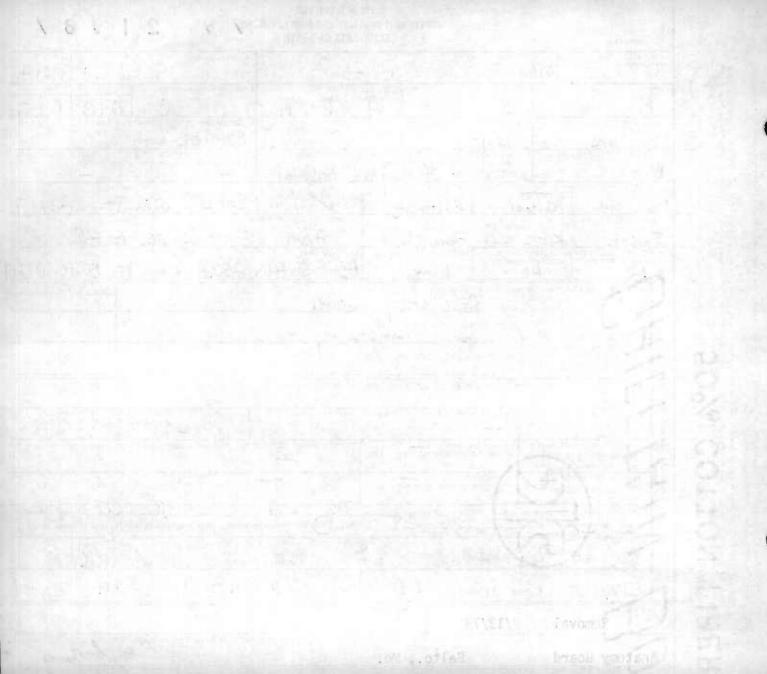
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s ofter d	90		or town of DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A	ADDRESS)	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Banker	F WORKING LIFE) INDU	KIND OF BUSINESS OR USTRY nancial	
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iter this ce as the buri hand Mer		MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUN	NTY STATE	
for use of Healt	6		22a.1 certify that (I) (this hosp saw the deceased alive or above, (I) (was 15 Tail of It	9/	19/	7/	nd that in (my) (an) opinion	death occurred on the do	ote and hour and fric	om the couses stoted	
y the hosping the Hosping of the Dept. o			221 SIGNATURE	R.F.	een	-1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF _	P/13/19	- 7
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	FOR STATE REGISTRAR	DEPARTMENT C	ATE OF MARYLAND OF HEALTH AND MENTAL HYGI TIFICATE OF DEATH	ENE 9 2	1987
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ge 4 may	3. SEX	4 RACE S. DA	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) O YRS.	MONTHS DAYS HOURS MIN
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AND 212	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136	OR OTHER INSTITUTION, GIVE MESIDENCE BEFORE ADMISSION OF TOWN		2502 Salan	St. 21217
E, MARYLAY cuted within conted within completely f s 1 and 2 sha	14. FATHER'S NAME TUYOHE KI'V	- RIDDLE FRANCK	A pril	Johata	Griffor
MOR e exe Poge	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECURITY NO	o. It informant April Griffen	2502 Sulan	St. Balto. 21217
RECORDS, 301 W. PRESTON ST., BALTI low requires that the death certificate b. s. been signed by the otherding physician ermit. Then please remove carbon papers. e prior to buriol, cremation, or removal. ss ony injury, or other traumatic event, the	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE O (b) COULD IMM DUE TO, OR AS A CONSEQUENCE O (c) T CONDITIONS CONTRIBUTING TO DEATH	Ottun Ty F BUT NOT RELATED TO THE TERMIN		
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/3/2/BP	23a. BURIAL, CREMATION, REMOV. (SPECIFY) Removal	231. DATE 231. NAME C	OF CEMETERY OR CREMATORY	236, LOCATION CITY OR TOWN	COUNTY STATE
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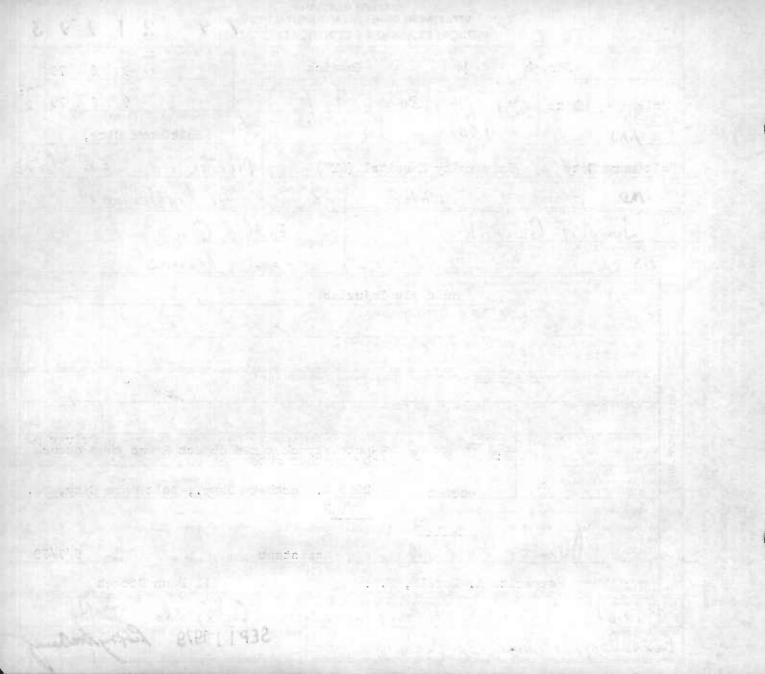
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URS AID WITH WITH DIVISI			F DEATH (Enter on	ly one cause per line	for (a), (b), and (c),)					APPROXI	MATE INTERVAL
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BATTE	(5	PECIFY)	TION, REMOVAL 2	9/21/79	23c. NAME OF C	O TARRY C	r CREMATORY cy Cem.	23d. LOCATION	Aminda	L Co., M	ASTATE
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 7b HOUR (TYPE OR PRINT) GRACE 28 536p 09 GRYCE 4 RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR B DAYS HOURS To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED Baltimore 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12b, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE BALTIMORE CITY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ASUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. STATE 13b COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Balto 268 Ballou CT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME PH MIDDLE LAST FIRST MIDDLE LAST White .exander Mabe. In WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Cynthia Wilson 5600 Denwood Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) ō Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/101 po CERTIFICATION a prior any CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION Permysier IN CERTIFYING CAUSES OF DEATH? Cerebellar tumor 4/18/ per NO NO I YES shov Mental Hygi 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION b 71d. INJURY OCCURRED THE PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 9/10 220.1 certify that (1) (this haspital) attended the deceased from ... 9/28 saw the deceased alive an and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after depth TO FUNERAL DIRECT should be detached fi 22b. SIGNATURE DEGREE 22c. DATE SIGNED 4 ATTENDING STAFF MEDICAL 110 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 226. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS NGUY 236. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Arbutus Mem. Park Buri al 25e. DATE REC'D. BY REGISTRAR 256 EGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 1979 Charles A. Rice 1300 Eutaw Place (VR A 15 (4))

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/					E OF MARYLAND					
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030		THER'S NAME FIRST JOSEPH F	GUMNICK	LAST	15. MOTHER'S N FIRST	Evith K	O'IDDLE UNNH		LAST	
2 Noision o	16a. W	VAS DECEASED EVER IN U.S. A ES. NO. OR UNKNOWN) (IF YES, GI	RMED FORCES?	215-541-10	17. INFORMANT	FAXILY 1	RECORDS		1833	
i i		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one cause per line only one cause per line on ED BY: ATE CAUSE (a)	for(a),(b),and(c).) Multiple I	njuries				APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
L HYGIENE,	>	8/30 Conditions, if ony, which	h	AS A CONSEQUENCE O	F					
OR REMOVAL		gave rise to immedia couse (a) stating the <u>unde</u> lying couse lost.	DUE TO, OR	AS A CONSEQUENCE O	F					
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AL CREM	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?	?			20. AUTOPSY	
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PRIOR	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE C STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)	oby another lift LOCATION STREET 2000 E. Nor	CITY	ortown Na. Balti	coul	City,	STATE Md.
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ARYLAS		Ma	tural causes :	Accident X Suid	TITLE (SPECIF	,	ed manner,			/= 0
RE, M		SIGNATURE WOL	he pue	Youll	M.D. Assist	tant_MEDICAL	EXAMINER	SIGNED	9/7/	/79
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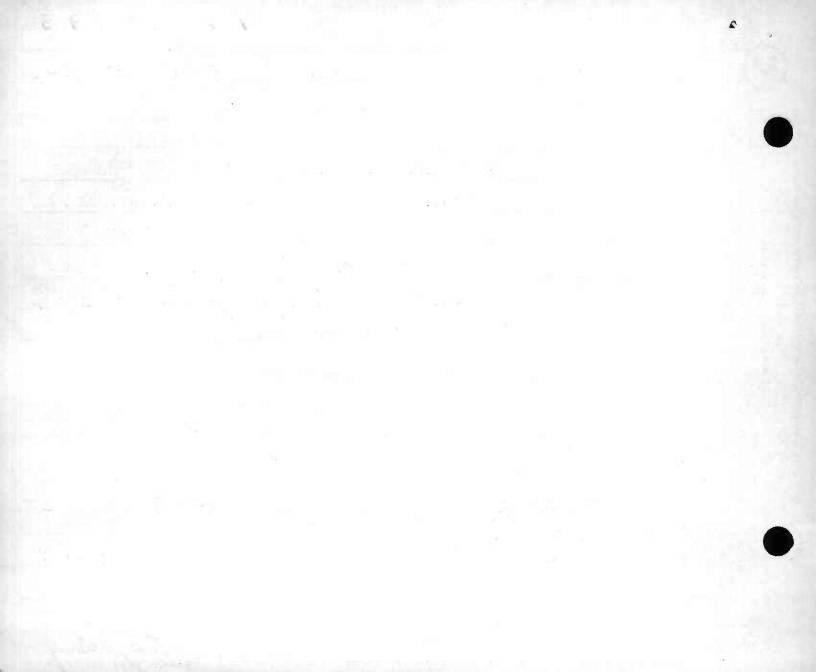
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3	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 1 9 9 6 CERTIFICATE OF DEATH REG. NO.
ooge de contra d	I. DE (TYP)	CEASED NAME FIRST MACK	MIDOLE LAST 20. DATE OF DEATH MONTH OAY YEAR 26 HOUR 9 9 9 20 M 4 RACE. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
oge 4 m		Male	Black MONTH OAY YEAR 62 YRS. MONTHS OAYS HOURS MIN
deoth. Pour 72 ho	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	DE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED PALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED MARRIED
by the filled with		Balto.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF YORK FOR MOST OF WORKING LIFE) 110. WORK FOR MOST OF WORKING LIFE) 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF YORK FOR MOST OF WORKING LIFE) 112. USUAL OCCUPATION (TYPE OF YORK FOR MOST OF WORKING LIFE)
within 24 hours. etely filled in by 12 should be filled in the	130	TATE 135 COU	Ito Balto YES & NOD 1125 N. Fulton Ave
MA hed on o on o on o	U	Ther's Name	MIDDLE GUS Sr. LADY VAN GUY
be execution and construction or and construction or and construction or an edical		VAS DECEASED EVER IN U.S. AI res, no or unknown) (IF Yes, GIV	RMED FORCES? 166 SOCIA SECURITY NO. 17 INFORMANT ADDRESS VEWAR OR DATES) 1814 Fulton AK.
PRESTON ST., BAL. The death certificate to attending physicist provided to a movin. Or removal. Thoumatic event, the		PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEQUENCE OF
s that the ed by the slease real, creation, and an area or at here		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF
ORDS, require require to the bigg injury, injury	NOIT	190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED
	CERTIFICATION		YES NO Y YES NO NO
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DAY YEAR R) P.M. 19
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ATTENDI ATTENDI Or use of Heal		saw the deceased alive ar	oitol) ottended the deceosed from
ALOR A the horal ALORE A the horal ALORE A detoched one Dept.		22ty SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN P 221. DATE SIGNED 9 9 4 7
TO HOSPITAL TO FUNERAL should be det with the Store		Norman C	rollstein 220 ADDRESS Land the spine St Bultimore, up.
1603 BP	230	SURIAL, CREMATION, REMOVAL	9-14-79 MT. auburn Bactio. Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	NERAL DIRECTOR	25a DAJE REC'D BY PECISTRAN 25b RE

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		1-	FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7	9 REG. N	2	1	9	9	7
3			EASED NAME OR PRINT)	FIRST		MIDDLE		AST		0, 00,,,,,	MONTH	DAY	YEAR	2b. H	OUR
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/		3. SEX			RACE		5 DATE C		6 AGE (II	YEARS LAST BIR	THD AY)	MONTHS	ER I YEAR	HOUR	DER 24 HRS
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1 once.	77	CC	RTHPLACE ISTATE OR FOR HUNTRY)		CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	100	timore			EATH		MD
natified of	8	10 CI	Y OR TOWN OF DEA	ATH 11	I NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A Chencia	G HOME (OR OTHER INSTITUTION	12a USUA (TYPE OF W	occupat ork for most o	ION OF WORKING	LIFE) IN	KIND C DUSTRY		INESS OR
must be n	5	usua 130. s Mar	yland I		HER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES [X] NO [13m STREE	and Address Belve					=
Komine	50		inknown)	MID	DLE	LAST Haas		15. MOTHER'S MAIDEN NA FIRST Rebecca	ME	MIDDLE		(1	Jnkn	own.)
	0	60 W	AS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDR	ESS				town,
e medical		OV.	S, NO OR UNKNOWN)	N/A	AR OR DATES)	577-03-9	432A	Mark London,	3818	Pikes	wood	Dr.	, Ma	ryla	and
e prior to burial, cremation, or remove 's any injury, or other traumatic event, 	0	CERTIFICATION	Endoge.	which mediate ig the last	DUE TO, O (b) DUE TO, O (c) NDITIONS CO depres	R AS A CONSEQUE	NCE OF OTIC NCE OF	Olization (pr	NT dis	ease	20b. IF Y	IVEN IN		un.	known
or Item 18 shows	9	MEDICAL CERTIF	8-20-79 21a. ACCIDENT WAS UND OR CONTRIBUTING CHETTHER, NOTIFY MEDIC. 21d. INJURY OCCURE	CAUSE OF DEATH ALEXAMINER)	Care 21b. TIME O HOUR A. P. 21e PLACE	M. MONTH DA M.		216 HOW INJURY OCCUR	YES	-		PART I OF	R PART 2)	NO	
m 21 is marked or		_	WHILE AT WORK NOT WIN AT WORK 22e. I certify that (I) sow the deceose obove. (I) (we) (c 22b. SIGNATURE	HILE	(AT HOME, STE	REET, FACTORY, OFFICE, FA		STREET	, to S	eptemb	or15	. 19	from the	couses	stoted
with the State Dep IMPORTANT: If her	1	,	77 CIN CI 274 PHYSICIAN'S NA Francis	AME (TYPE OR PR	Clark	K	K	ATTENDING PHYSICIAN ADDRESS C/O Maryla		R □ PHYSIC	IAN 🗌		9-1	5 ·	
16 20M , 4) 7/78		Bi 24 FU	URIAL, CREMATION, PECIFY) WIAL NERAL DIRECTOR NAME NZANSKY	removal Danzan	236. DATE 9–17– Sky–Go.	79 B ¹	Nai I	srael Cem. ap. 250 DA	23d. LOC	CATION YOR TOWN ON Hil REGISTRAR 0 1970	1, P.	COUNT	·_Ma	ryl ort	state and

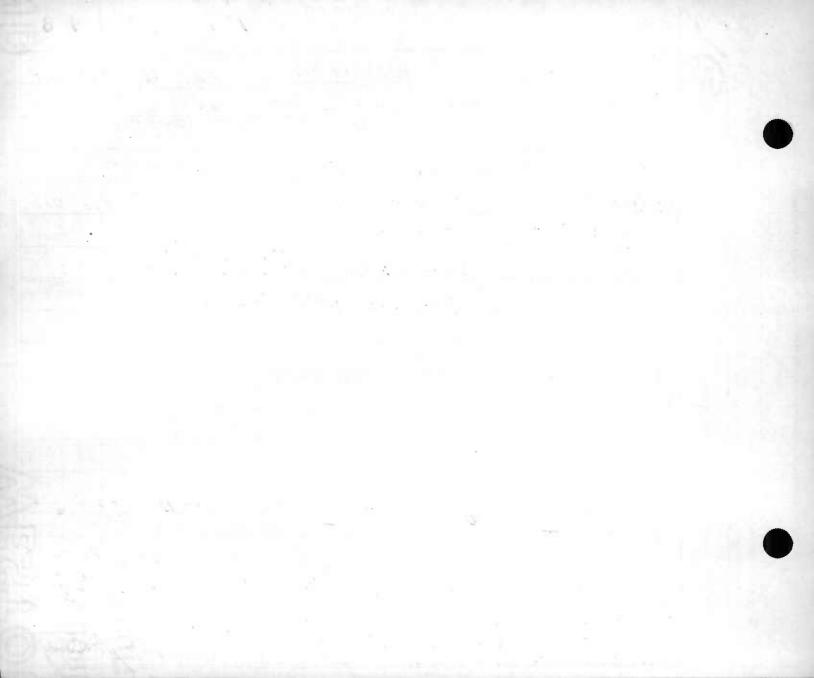


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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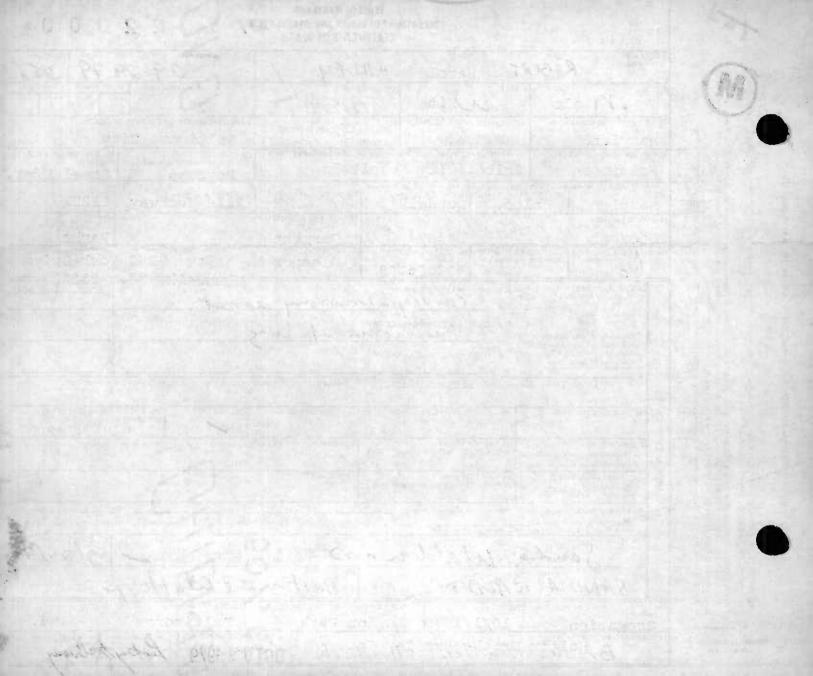


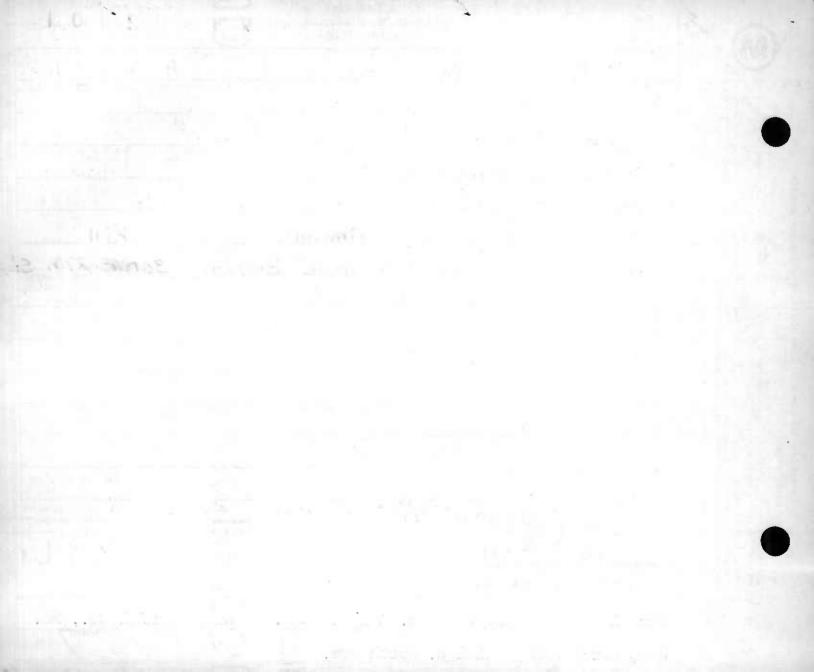


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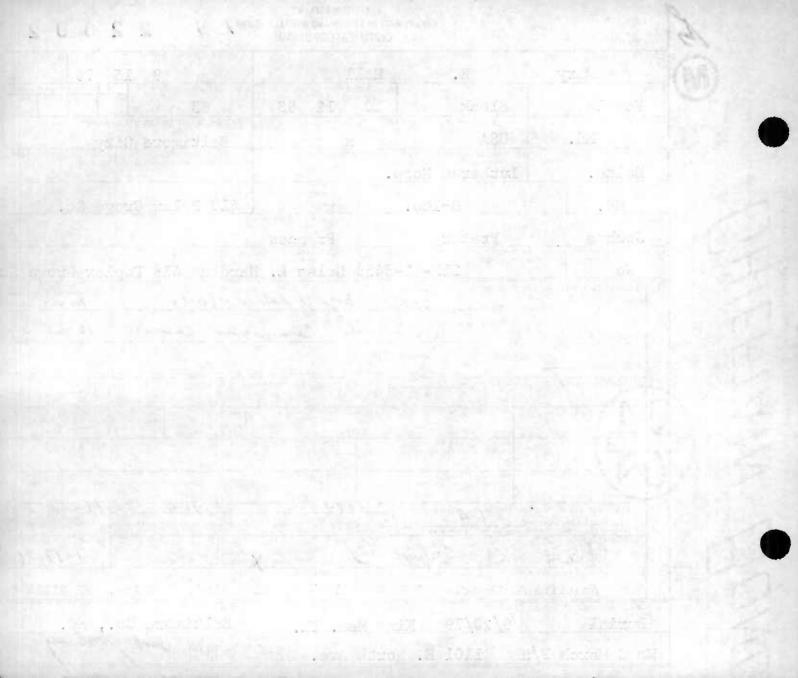
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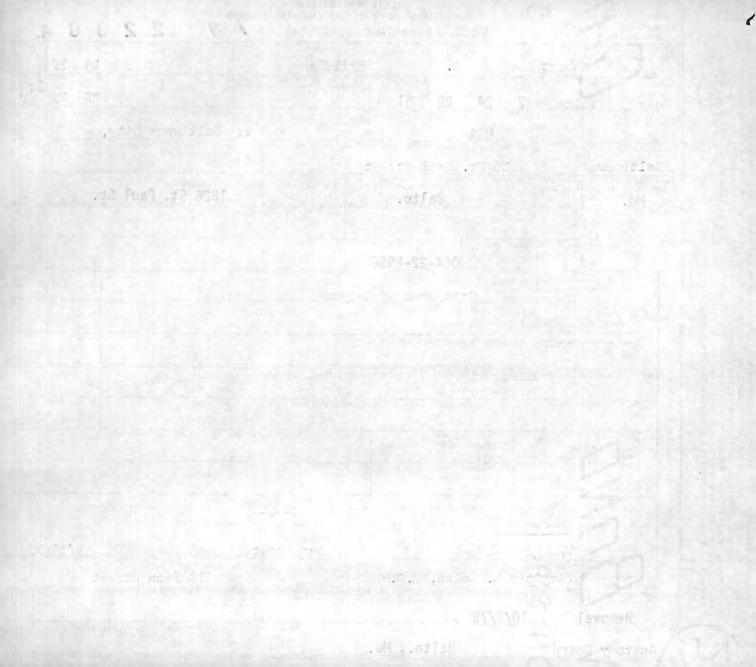


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	TITPE	Mary Mary		Ε.	Hai	11			9 1	5 79	
	3. SE		4. RACE		5. DATE O			6. AGE JIN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER
		Female	Blac	k	10	ı 1°2 '	9 3	85	YRS.	MONTHS DAYS	HOURS
-		IRTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY	B	D NEVER MAR	RIED [9 BALTIMORE CITY C	R COUNTY	OF DEATH	
رکو		Md.	USA		WIDOW		RCED 🔲	Baltim	ore_C	ity	
0, 11	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITU	TION	12a USUAL OCCUPAT		126. KIND (OF BUSIN
76		Balto.	Luthe	ran Hos	р						
50	USU. 13e. S	AL RESIDENCE IF NURSING HOME		136. CITY OR TO		13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS			
		Md.		Balto.		20		418 Pol	ar Gr	ove S	t.
-0	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S M		VE WIDDLE		LA	ST
300		Joshua	Pra	ter		Franc	ces				
D I		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) I (IF YES,	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDR	ESS		
medical		No		213-12	-8459	Helen	L. H	lardin 4	18 Po	plar (Gros
‡ +		18 CAUSE OF DEATH (Enter	only one couse pe			,		0	1	APPROX 8ETWEEN	ONSET AN
veni		PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (a)	aci	rle	mys ca	idul	Lacho	W	M	en.
otic e		411)-	DUETO	R AS A CONSEQU	IENICE OF					1.0	
OW O		Conditions, if any, which	(, L)	arter	excluse	the Ca	rdiones	aren de	rene	10	yos
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athe		couse (0), stoting the underlying couse lost	DUE TO, C	R AS A CONSEQU	IENCE OF						
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rior)	NO O										
any	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a. AUTOPSY?	20b. IF YES	, WERE FIND	NGS US
530	F							YES NO		S [NO
200	G. C.	210. ACCIDENT WAS UNDERLYING	LIGHT A		VEAD	21c. HOW INJUR	RY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18, P	ART 1 OR PART 2)	
9		OR CONTRIBUTING CAUSE OF	DEMIN	.M. MONTH [.M.	AY YEAR						
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION					
Borked	X	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TO	MIA	COUNTY	
0		220.1 certify that (I) (this ha	snitol) attended t	ne deceased from		1974	10	10 9-2	1	10 79	thotell
Si		sow the deceased of	UTD 9-	4 19	79.0	nd that in (my) (au	r) opinion d	eath accurred on the d	ote and hou	r and from the	
2 600		22b. SIGN.	not view the body	ofter death.		DEGREE				22r. DATE	
# H				81.	(1) hi		NDING .	MEDICAL STA	FF _	-	-19
	1	DOLD DIVERSION OF THE PARTY OF	Q	Lynn		PHY 22e. ADDRESS	SICIAN IX	DIRECTOR PHYSIC	IAN []	1 7	11
Z Z		22d. PHYSICIAN'S NAME (TY			200						010
MPORTANT		Angelit	a A. Topa					nt Blvd.	Balt	o., Md	212
2	230.	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN		COUNTY	s
51		Burial	9/20	/79 K	ing M	lem. Pk.		Baltime	ore C	0., Me	d.
	24. F	UNERAL DIRECTOR					25a. DATE	REC'D. BY REGISTRAR	25 415 GE	AR'S HENS	TURE
		UNERAL DIRECTOR	/11 1	101 F	Nort1	A A 7.7.0	SEP.	2 0 1979	profil	SARY CO	IV



DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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39391 Behms Lane

FOR

24. FUNERAL DIRECTOR

"Schimunek Funeral

DHMH-16 20M

(VRA 15, 4) 7/78

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

HOURS

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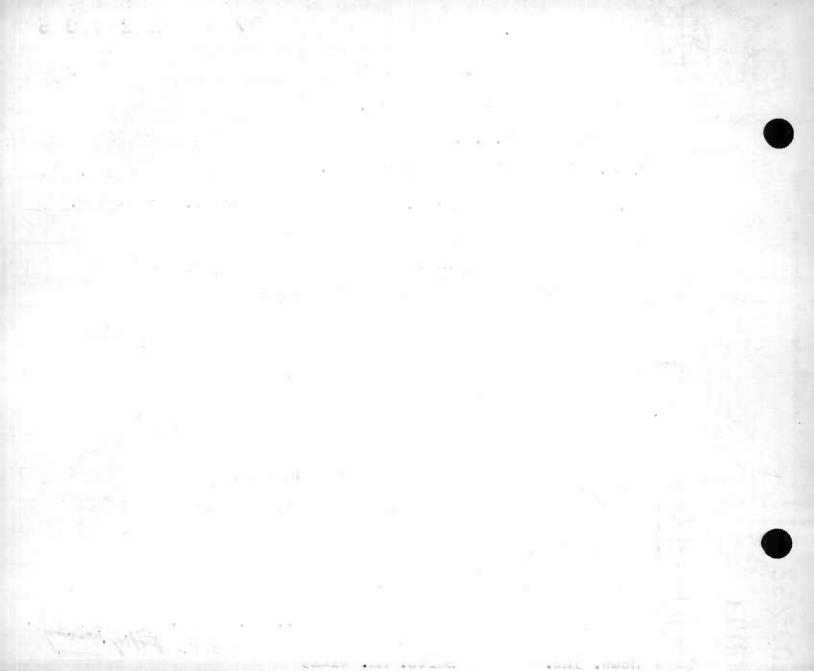
IF UNDER 24 HRS

Store

STATE

 Md .

250. DATE REC'D. BY REGISTRAR 256. REGISTR



	1.	FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HYC ERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST CORPRINT) LUCI	11e Har	nenond	20. DATE OF DEATH MONTH	OAY YEAR 26 HOURS
and a second	3. SE	FEMALE	BLACK	DATE OF BIRTH MONTH OS 18 44	6. AGE (IN YEARS LAST BIRTHOAN)	
er death P. stronger of the property of the pr	С	ountry) Md.	1 1 6 /1	MARRIED NEVER MARRIED DIVORCED DIVORCED HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUN Baltimore 120. USUAL OCCUPATION	CHY MD.
1 to the 129	USU	Baltimore /	PO VICE AT THE RESIDENCE BEFORE ADD	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING	
rLAND thin 24 thin 24 should		ATHER'S NAME FIRST MIDI	BALTO	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS 3331 //RG1 AME	NIA AVE.
		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (1E YES, GIVE WA	MOSES 166 SOCIAL SECURIT	YNO. IT INFORMANT	13	FORTUNE, AV.
VST., BALTIMORE, certificate be executing physicion and companyors. Pages 1 remayol.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	BY:	conspersalony	Arrosk	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON at the death by the attendi		Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE	rach nord	te morrhage	menters in
20 nec	NOI	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEA	TH BUTNOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION (
TAL RECO	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OP		YES NO	YES, WERE FINDINGS USED PTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offending physicion. After this certificate has been sig os the burial-tronsit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows ony injury	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY		RRED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
	WE	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospital)	(AT HOME, STREET, EACTORY, OFFICE, FARM	STREET STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND OR ATTEND DIRECTOR: A ached for use Dept. of Heal		saw the deceased alive on obove, (I ((we)) aid) (did not) v	view the body after death. 19 70	DEGREE	death occurred on the date and h	22c. DATE SIGNED
by the by the ERAL e deto	-	22d. PHYSICIAN'S NAME (TYPE OR PR	1 (OC	MAD PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	19/10/19
TO HOSE retained To Floring should be with the IMPORTY		BURIAL, CREMATION, REMOVAL SPECIFY) 12.18.	23b. DATE 23c. NAM	AE OF CEMETERY OR CREMATORY	23d. LOCATION GIY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR NAME AMURIT ROAM	1529 VOREK	BALTO SEP	TE REC'D. BY REGISTRAR 25b. RE-	ISTRAR'S SIGNATURE

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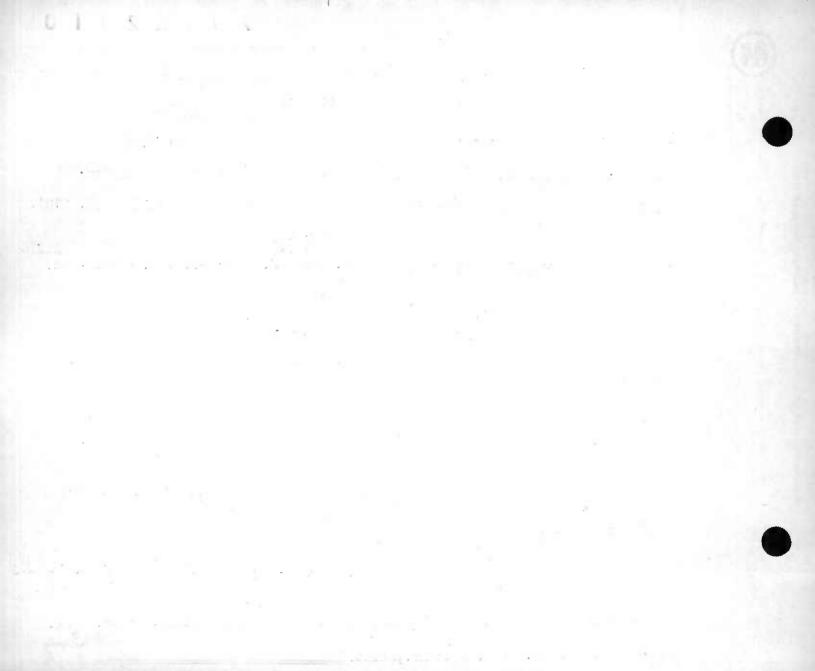
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136	STATE	Bb.COUN	A.A.	13c. CITY OR TOWN Sever		13d. INSIDE CITY LIMITS? YES NO 🙀	819	ESS 6 Tele	grap	h Rd.	
160	WAS DECI	seph ASED EVER IN U.S. AR		166. SOCIAL SECUR		15. MOTHER'S MAIDE FIRST Dor		Jean ADDRESS	Boyer	LAST	
		SE OF DEATH (Enter or	(WAR OR DATES)	2166879	32	Bobby Ha	aney -	same a	s 13	e	TE INTERVAL
	gav cau lyin	ditions, if any, which erise to immediate se (a) stoting the under g cause last.	DUE TO, OR (b) DUE TO, OR (c)	PAR A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TE	E OF	E OR CONDITION GIVEN IN PA	RT 1 (a).				
CERTIFICATION	19a. DA1	E OF OPERATION	196 CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?			2	20. AUTOPS	
MEDICAL CERT	CONTRI 21d. INJU	ERNAL CAUSE WAS YING OR BUTING CAUSE OF URY OCCURRED	21e. PLACE	FINJURY A. MONTH DAY YE A. 19 OF INJURY (ATHOME, TORY, FARM, ETC.) INTERNAL TORY, FARM, ETC.)	A 79 dr	ow INJURY OCCURRE river of mo SCATION of Telegrap	torcycle	which 1	lost o	ontro	
	22a. death	Ma	ge of the remains de prol causes .	scribed obove, held on Accident	Autor	Mamicide Name of the control of	n , Inquir Undetermined	y , and manner ,	in my opini		/79
23a	(SPECIFY)	emation, REMOVAL	23b DATE 9/10/7	23c. NAME OF C		OR CREMATORY	23d LOCATION Belai	r.Harf	ord		Md.
	FUNERAL!	DIRECTOR				Ito. SEP	REC'D. BY REGISTI	AR 156 RE 15	my h	NA AMERIC	1

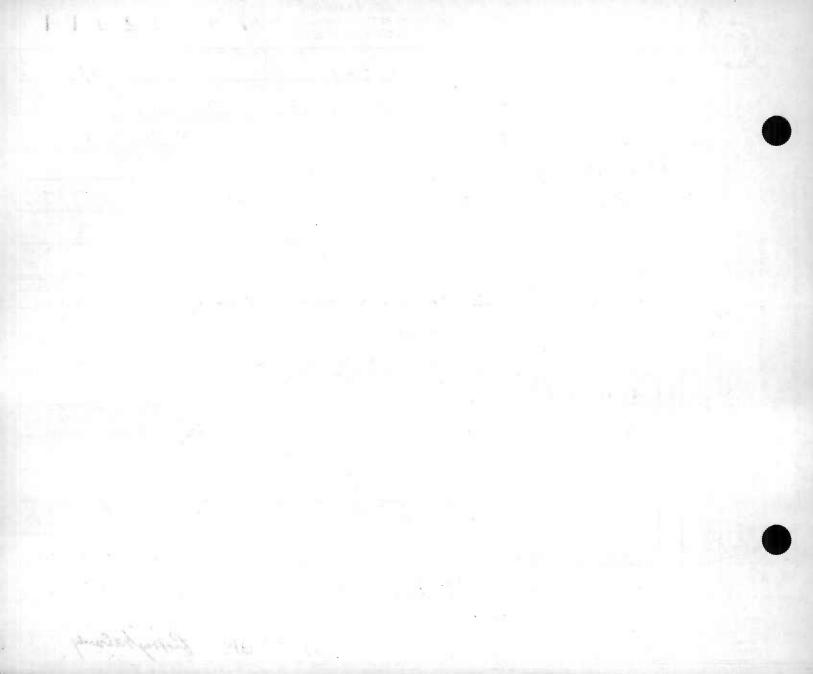
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

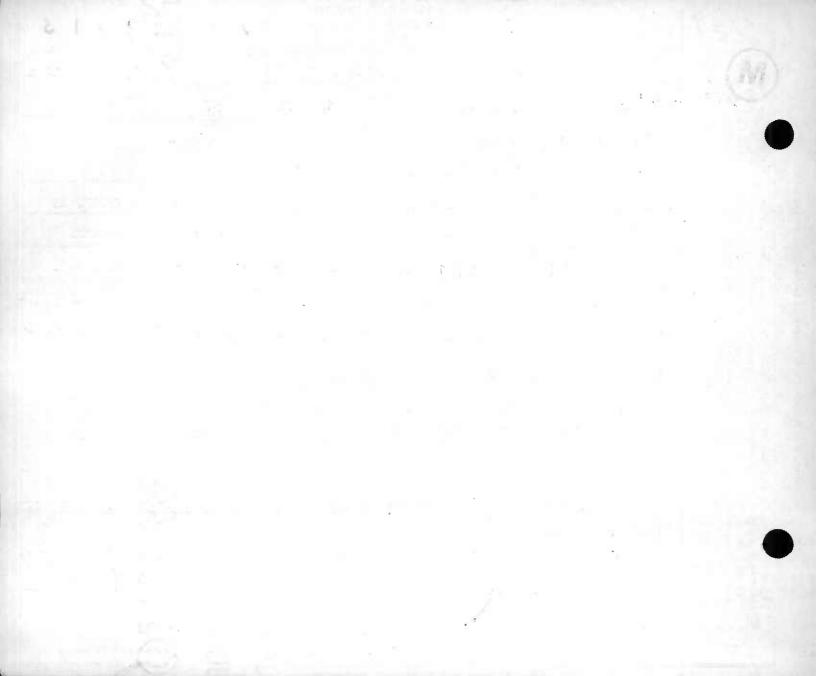
FOR

- STATE



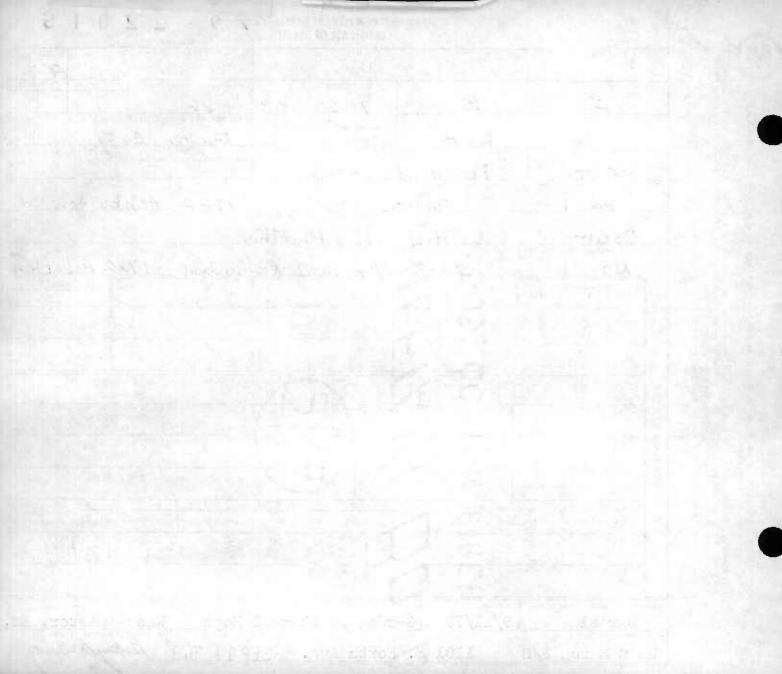


15M 7/76

AND THE RESERVE OF THE PROPERTY OF THE PARTY


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR L DECEASED NAME 20. DATE KNOWN IX (TYPE OR PRINT) OF ESTI-DEATH MATED HOWARD 4 RACE SEX DATE LAST BIRTHDAY) PRONOUNCED 42 YRS DEAD male white 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore City Baltimore General Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRE MIDDLE OFIVE ADDRESS IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 213-34-8850 BAKBARA M. HARWAN 34 July 61-CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X NO [] 210 EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXMONTH DAY YEAR UNDERLYING OR MEDICAL Operator of motorcycle/auto collision. 9-26- 1979 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET FACTORY FARM, ETC.) Fort Ave. & Andre St., Balto. Md. 220. I certify that I took charge of the remains described above, held an ond in my opinion death resulted from: Natural caluses Undetermined monner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU
TO FUNERAL I
AFTER DEATH, MD Assistant SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 23g, BURIAL, CREMATION, REMOVAL 23b. DATE Glen HAVEN MANGAMI PARK 25g DATE REC'D, BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) plembe UNDER 24 HRS 3 SEX 4 RACE 6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLA ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES' 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: andiones IMMEDIATE CAUSE CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 0 prior 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ond Mental Hygiene NO YES T NO F shav 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY orked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter depth. 22b. SIGNATURE DEGREE 22c DATESIGNED MEDICAL ± ATTENDING STAFF State [001 MID HOSPITAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ould be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Garden of Eternal Westminister. Hope 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 1101 E. North Ave. (VR A 15 (4)) Wm C March F/H



	STATE REGISTRAR		MEDICAL EXAM	OF HEALTH AND		DEATH REG. N	20	16
		FIRST	MIDDLE	LAST		20. DATE KNOWN OF ESTI- DEATH MATED	X MONTH DA	
3 SEX	4 RACE	ROBERT S. DATE OF B	DAY YEAR LAST BH	HARRIS IN YEARS IF UNDER INTERPRETATION MONTHS DA	YR. IF UNDER 24	HRS. 2c. DATE IN PRONOUNCED	MONTH DA	4:45
7a. 81F	nale bla THPLACE (STATE OR REIGIN COUNTRY) VIRGINIA		21 1954 25 DE WHAT COUNTRY?	YRS. 8 MARRIED X WIDOWED	NEVER MARRIED DIVORCED		OR COUNTY O	1 1979 PA
	Y OR TOWN OF DEATH	P (IF NOT IN S	FHOSPITAL, NURSING HOUCH FACILITY, GIVE STREET ADDRIVATION AVE	OME, OR OTHER INS	TITUTION 12	USUAL OCCUPATION (T FOR MOST OF WORKING LIFE) EMENT FINISH	YPE OF WORK 12b.	KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
130 ST	RESIDENCE (# IN) ATE RYLAND	COUNTY	13(, CITY OR TOW BALTIMO	/N 13d, INS	SIDE CITY LIMITS? 13	street address 4019 KATHLAN	D AVENUE	
	THER'S NAME FIRST ALBERT	WIDDIE	HARRIS		OTHER'S MAIDEN I	VERNELL		PRICE
16a. W	NO	YES, GIVE WAR OR DATES)	16b. SOCIAL SECT 217 62 1 er line for (a), (b), and (c).	437 M	RS. ANNIE	ADDRES E JOHNSON 40		AND AVE.
7	Canditions, if any, gave rise to imm couse (o) stoting the lying cause lost.	MEDIATE CAUSE (a)	Acute met D, OR AS A CONSEQUEN D, OR AS A CONSEQUEN DEATH BUT NOT RELATED TO THE	CE OF				
CERTIFICATION	19a. DATE OF OPERATIO	19b. C	ONDITION FOR WHICH C	PERATION WAS PER	RFORMED?		20	YES NO
CAL CERT	210 EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAU	HOU	ME OF INJURY R A.M. MONTH DAY Y P.M. 19	EAR	JURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WH AT WORK AT WORK	ILE STRE	ACE OF INJURY (AT HOMET, FACTORY, FARM, ETC.)	21f. LOCATIO	N	CITY OR TOWN	COUNTY	STATE
	220. I certify that I too	k charge of the remai	ns described abave, held o	Suicide		Undetermined manner	and in my apinion], DATE	
2	ACTUAL SIGNATURE	Where the	tomell	M.D. A.s	sistant	_MEDICAL EXAMINER	SIGNED.	9/22/79
230. BL	ACTUAL SIGNATURE WOOD EXAMINER'S NAME (TYPE OR PRINT) PRIAL, CREMATION, REMOPECIPY)		a A. Korell		ss111_	Penn Street		9/22/79

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7	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF I	TE OF MARYLAND HEALTH AND MENTAL HYP FICATE OF DEATH	GIENE 7 9	2	2	0	1	8
		CEASED NAME OR PRINT)	Willi	0.77	MIDDLE		LAST	20. DATE OF DEATH	HTMOM	DAY 7	YEAR	2b. HO	UR
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	3. SE	Mal	.0	4 RACE	ite	5 DATE (6 AGE IN YEARS LAST BIR	YRS	MONTHS	DAYS	IF UNDE	_
35		RTHPLACE (STATE DUNTRY) Mary			N OF WHAT COUNTE	MARRIE WIDOW	ED NEVER MARRIED	Baltimore city of	-		EATH		
46		TY OR TOWN OF	DEATH	(IF NOT	E OF HOSPITAL, NUR IN SUCH FACILITY, GIVE STI Theran Hos	SING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION of working i	LIFE) IN	KIND C		
140					TUTION, GIVE RESIDENCE BE			Engineer-Ba	It C	i EV	R	eti	red
35	13e S	TATE Md	136 CO	UNTY	Baltin	OWN	134. INSIDE CITY LIMITS? YES MO	130. STREET ADDRESS 209 Athol	gate	Lane	a Ap	ot E	
200	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE			LAS	,	
		Willia	em	F.		ng, Sr.	Theresa	M.	D	unha	ausei		
1		AS DECEASED E		ARMED FORCE	ES? 166 SOCIAL SE		17 INFORMANT	ADDR	SS				
	,	No.	(IF 1ES, G	IVE WAR OR DAI	214-12-	4272A	Mrs. Minnie	B. Hartuno	Sam	e as	#13	ζ	
		Conditions, if gove rise to couse (o), s underlying co	immediate	1	(O, OR AS A CONSECUTION OR	REBRIA	L ARTERIC	SCLENOSI	<u>s</u>		7 2	per	0
- [Z	PART 2 OTHER	SIGNIFICAN				NOT RELATED TO THE TER		DITIONG	IVEN IN	PART 10	01	
9	CERTIFICATION	19a DATE OF OP	ERATION	19b C	ONDITION FOR WHI	ICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	IN CERT		E FINDIN		ATH?
9	MEDICAL CER	21a. ACCIDENT WA OR CONTRIBUTING JIF EITHER, NOTIFY A	CAUSE OF D	EATH HOL	IME OF INJURY JR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJU	RY IN ITEM 18.	PART 1 OI	R PART 2)		
	MEDI	21d. INJURY OCC	OT WHILE		LACE OF INJURY	CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN	со	UNTY		STATE
					body ofter death.	m Nove.	nd that in (my) (aur) opinion	death occurred on the d	ote and ha	, 19.7 our ond		that (1) couses s	
		274 PHYSICIAN	Cei	leu	ay	24.	DEGREE D ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STA ☑ DIRECTOR ☐ PHYSIC	FF IAN 🗌	2	9-8		
			Ashr		.D.			nn Dak Ave	Balt:	imor	e. M	d.	

DHMH-16 20M (VRA 15, 4) 7/78 Leon Ashman, M.D.

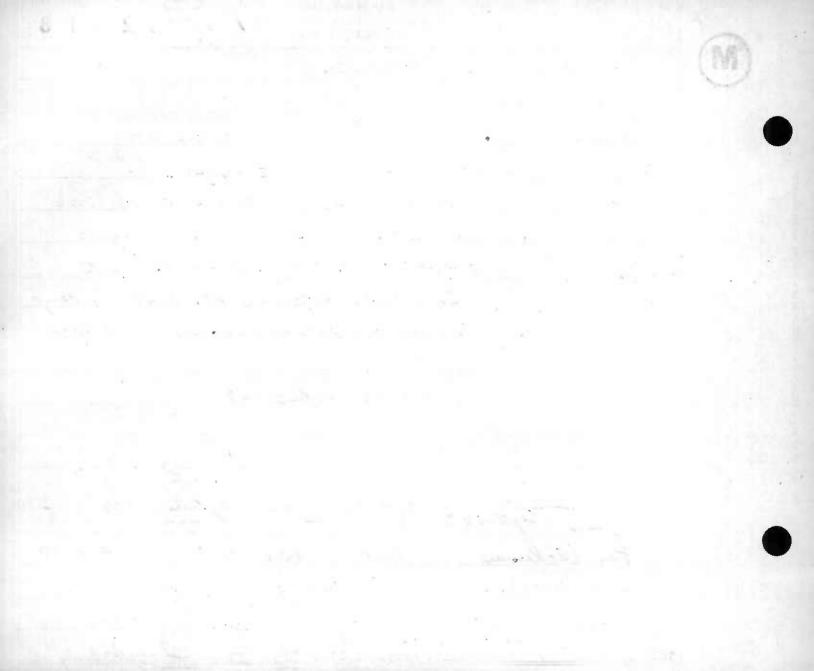
5907 Gwynn Dak Ave Baltimore, Md.

236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CHYOR CHYO

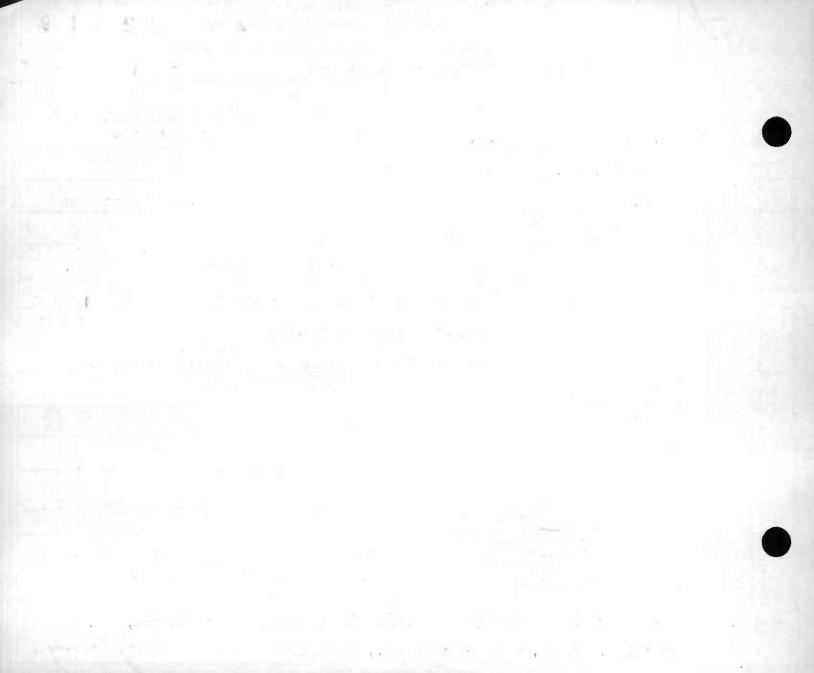
FUNERAL DIRECTOR Witzke Funeral Homes of Catonsville 250. DATE REC'D. BY REG 630 Edmondson Ave Catonsville, Maryland 21228 CFP1 A 107

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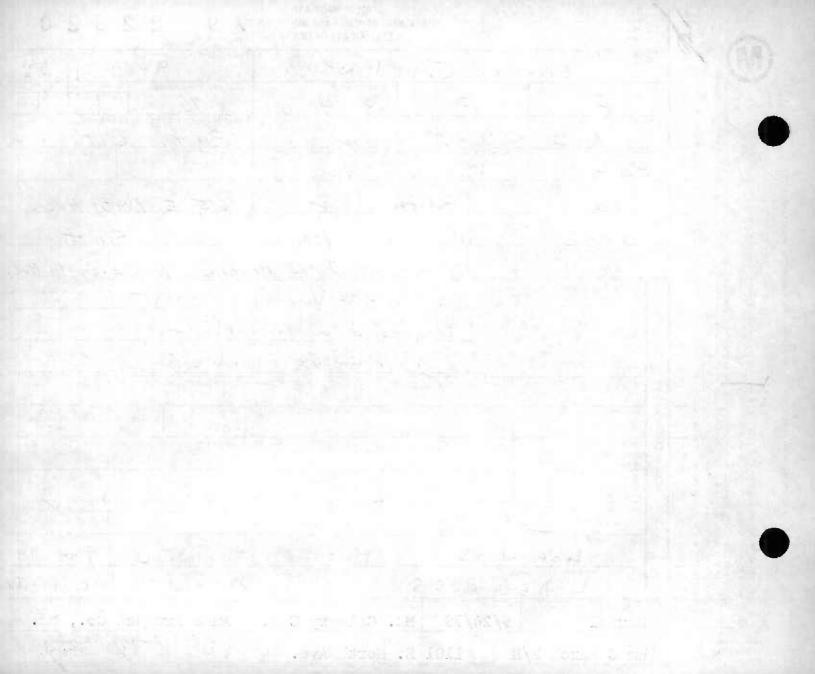
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	FOR - STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	2019
	CEASED NAME FIRST	S ESTELLA	HASHAGEN	20. DATE OF DEATH MONTH DA	79 3.50 T
3. SE		White	Jan 11 1908	71	IF UNDER 1 YEAR IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DNORCED	Baltimore Ci	+ 17
	Balto. Md.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A SOuth Balti	G HOME OR OTHER INSTITUTION	174 USUAL OCCUPATION (1775 OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	12h. KIND OF BUSINESS OF
5 / 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JUNTY 131. CITY OR TOWN Balto	ADMISSION)	13, SIREEI ADDRESS 11111 E. Patap	sco Ave
DO 14. F.	ATHER'S NAME William	Murray	IS MOTHER'S MAIDEN NA Lydia	MIDDLE	Coäle
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECUI VE WAR OR DATES)	Charles Ha	ADDRESSGlen Ashagen 2703 Ro	Burnie 210 bin Rd.
tic event, tn	PART I. DEATH WAS CAUS	ATE CAUSE (0) CARDIU-1	RESPIRATORY FA	ILURE	PPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 9. \$ 173 TV 9.4.73
or other troums	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCEPHAL PATH) NCE OF RENAL FAILURE 2º	METASTATIC H PANCREATIC CARC	UNO MA-
S shows ony injury.	196 DATE OF OPERATION 8, 27. 79	196 CONDITION FOR WHICH O		200 AUTOPSY? 20b. IF YES. IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
d or Item 18 s	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	COUNTY STATE
Z I is morke	saw the deceased alive a	n 9.4.79 19	8.15. , 1979	to 9 · 4 ·	9 79 , that (I) (we) los and from the couses stated
	276 SIGNATURE	Jan J.		MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 9. 4.79
· —	22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS 5. Ral	timore Gen. Hospita	1
1	P. RAJAT			6, MD - 2)250 236. LOCATION CITY OF TOWN	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR {TYPE OR PRINT! askins 19 arrie 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR DAYS HOURS 00 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED D 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 2120 filled in lould be f USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST WIDDIE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY riol-tron entol Hy 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 0 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a. | certify that (M" (this hospital) attended the deceased from sow the deceosed olive on and that in (my (our) opinion death accurred on the date and hour and from the causes stated obove. (1) (we) (did) (didview the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED should be detach ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN E MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN Burial Anne Arundel Co., Md. 9/24/79 Mt. Calvary Cem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S CHARURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1101 E. North Ave. (VR Á 15 (4)) Wm C March F/H



8728 Liberty Road Randallstown Maryland 21133

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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7	1		STAT	E OF MARYLAND		
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noy te		CEASED NAME FIRST YA	ace) MIDDLE Marie	Halpt De BIRTH	20 DATE OF DEATH C	MONTH DAY YEAR 26 HOUR 10 10 10 10 10 10 10 10 10 10 10 10 10
	Zo Di	RTHPLACE (STATE OR FOREIGN)	DE CITIZEN OF WHAT COUNTRY? 8	119198 YEAR	8/ 9. BALTIMORE CITY OF	YRS.
Story of Story	C	Balto. (ity	U.S.A. MARRIE		_	imore (ity
The the the		Baltimore, Md.	1). NAME OF HOSPITAL, NURSING HOME ((IF NOT INJUCH FAGILITY GIVE STREET ADDRESS) GOOD Samuritan	bspital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFET INDUSTRY
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ompletell ond 2			Buseworth LAST	Anna D.	Clark MIDDLE	LAST
iate be executed within 24 hairing ysicion and campletely felled in by ppers. Pages 1 and 2 health he like val. 1, the medical exaginar haut be not the not the medical exaginar haut be not the medical exaginar haut be not the not t	16a V	VAS DECEASED EVER IN U.S. ARA (es, no dr unknown) (if yes, give	MAR OR DATES) 166 SOCIAL SECURITY NO. 218-03-1858	Mr. Oscar F.	Houpt - 64	2121 09 Laurelton Ave. N BAPPROXIMATE INTERVAL N BAPPROXIMATE INTERVAL
es that the death certificated by the ottending phypleose remove carbonp urial, cremation, ar remain, or ather traumatic ever		PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gove rise to immediate cause (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	YOCARDIAC	INFARC	
low requir. So been sign ermit. Then e prior to b	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(NO SYSTEM
NG PHYSICIAN: The ottending physicion that this certificate his os the burrol-tronsit pit and Mental Hygien arked or Item 18 show		210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)
VG PHYSIC ottending iter this cer is the burio h and Ment riked or Iter	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
spitol or CTOR: At for use of Healt		220.1 certify that (1) (this hospitor saw the deceased olive on above. (1) (we) (did) (did not	19 g	nd that in (my) (our) opinion d	, to ath occurred on the do	te and hour and from the couses stoted
ALOR A the hos ALDIREC detoched detoched of Dept. IT; If Item		THE SIGNATURE STATES		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
CO HOSPITA TO FUNERA should be dea		VUNDVALA	V-REDDY	5601 LOCHRAY	0 .	RITAN HOSPITAL
0 € C € 3 <u>≤</u>		Burial CREMATION REMOVAL	9-10-79 Oak 10	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	o. May STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		INERAL DIRECTOR	ac-6415 Belgin Rd.	TS DA		Sb. RE Jane Fry Malher

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IMPORTANT: If Item 21 is marked at Item 18 shaws any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4		REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO.	2 0	111	9	
		CEASED NAME FIRST		MIDDLE	ı	AST		20 DATE OF I		DAY YEA	R Zb.	HOUR	_
	(TPE	STE	LA V	IRGINIA	HA	YES			SEP	T 29 19	79 1	2:15	PM
	3. SEX	(4. RACE		5. DATE C		YEAR	6. AGE (IN YEA	RS EAST BIRTHDAY)	MONTHS D		URS MIN	-
		FEMALE	NEG	RO	OCT	. 15	1924	54	YI	RS.	113	Ons Mile	
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	n NEVER	MARRIED []	9 BALTIMOR	E CITY OR COU	NTY OF DEATH	Н		
>		MARYLAND	US •	f A	WIDOWE		NORCED	BALT	IMORE C	ITY			MD.
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL O	CCUPATION FOR MOST OF WORKIN	126 KIN NG LIFE) INDUS	ND OF BU	SINESS	OR
)		BALTIMORE	24	20 DRUID	HILL	AVENUE			KEEPER		MEST	IC	
1	13a. S	AL RESIDENCE (IF NURSING HO TATE 13b C	ME OR OTHER INSTITUTION COUNTY	, GIVE RESIDENCE BEFORE 13c. CITY OR TOWI BALTIMO	N	136 INSIDE (NO [13e STREET AL 2420	DRUID 1	HILL AV	ENUE		
	14 FA	THER'S NAME	MIDDLE _	LAST			S MAIDEN NA	WE	MIDDLE		LAST		
9		CLARENCE	ELLSWORTH	COATES		VI	RGINIA			MOO	DYAR	D	
		AS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECU	RITYNO	17 INFORM	ANT		ADDRESS				
		NO		220 22 7	1066	MRS.	IDA M.	WRIGHT	336 N.	HILTON	STR	EET	
ď		18. CAUSE OF DEATH (Ent	er only one couse pe	line for (a), (b), one	d (c)				THE LAND	APP BETW	PROXIMATE PEN ONSET	INTERVAL TAND DEAT	н
		PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (0)	Cardeo	ulmo	MARY	HERE	T	A TOTAL Y				
	19	7111	DUE TO, C	R AS A CONSEQUE	NCE OF								
		Conditions, if any, which		SYSTEM	nic 1	-upus	ERY	hemate	1515				
		gove rise to immediat couse (a), stating th	DUE TO, C	R AS A CONSEQUE	NCE OF								
		underlying couse los	t. (c)	- 10 EG E									
	-	PART 2. OTHER SIGNIFICA	INT CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATE	TO THE TERM	NINAL DISEASE	OR CONDITION	GIVEN IN PAR	T 1(o)		
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24 FUNERAL DIRECTOR
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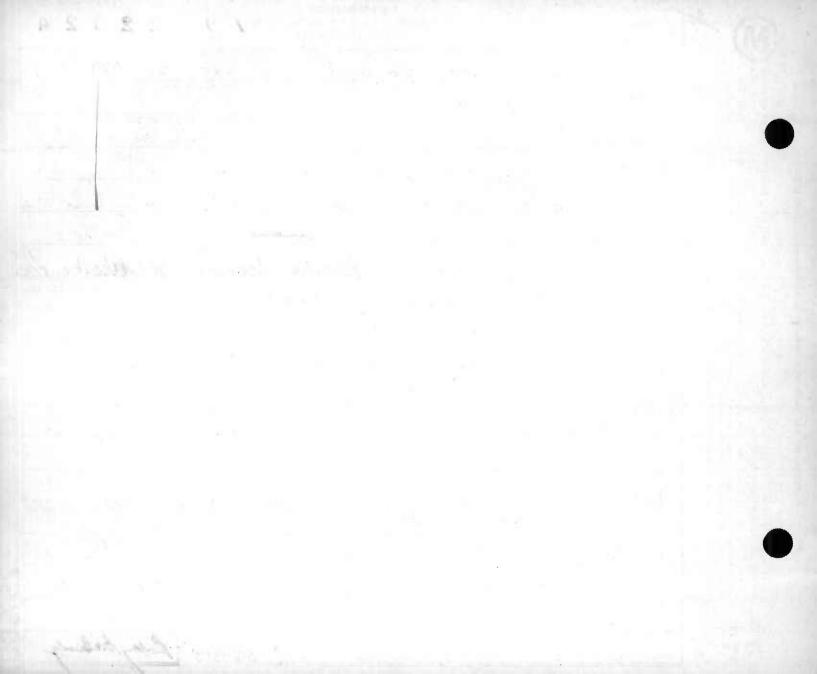
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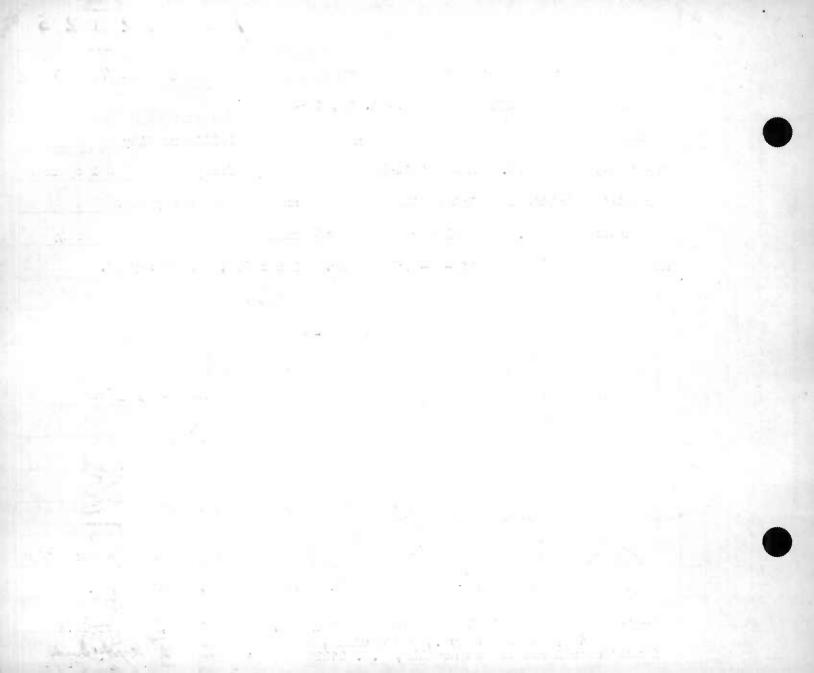
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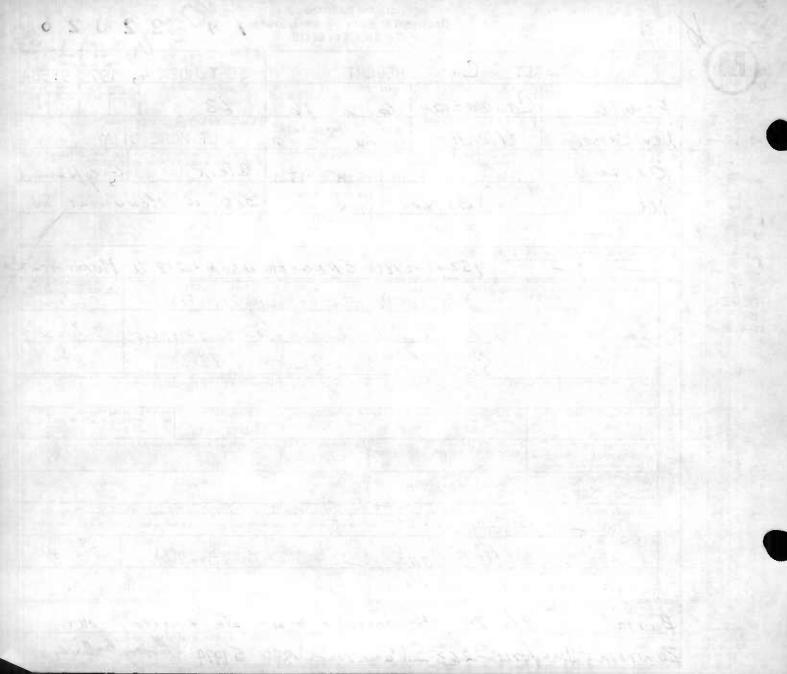
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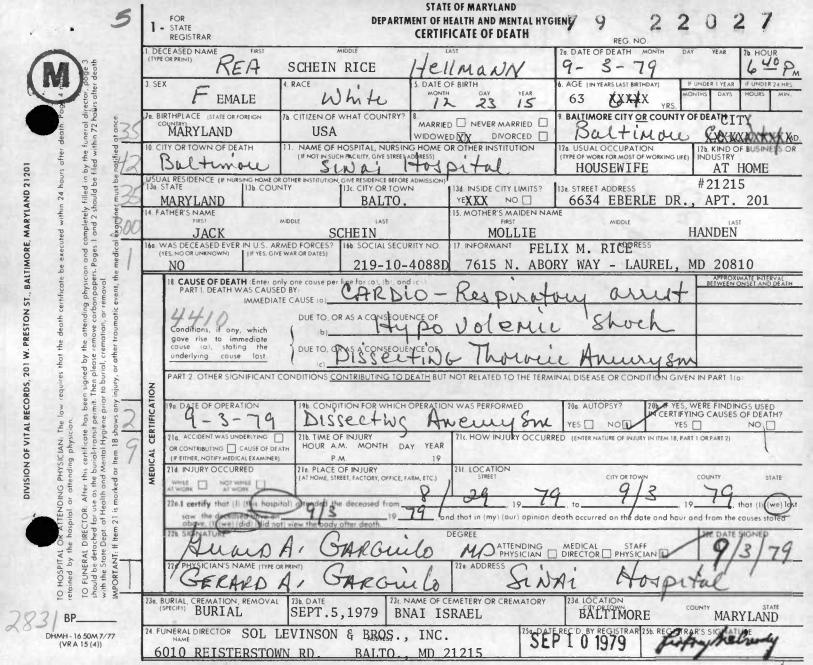


DIVISION OF VITAL RECORDS,



- /	1			STATE OF MARYLAN					
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		220.1 certify that (1) (this haspital sow the deceased alive on above (1) (did not)	Sept 4	70 //	, 19 <u>-</u> 99 our) opinion de	, to Sept of the details of the deta	- 17	from the causes stated	
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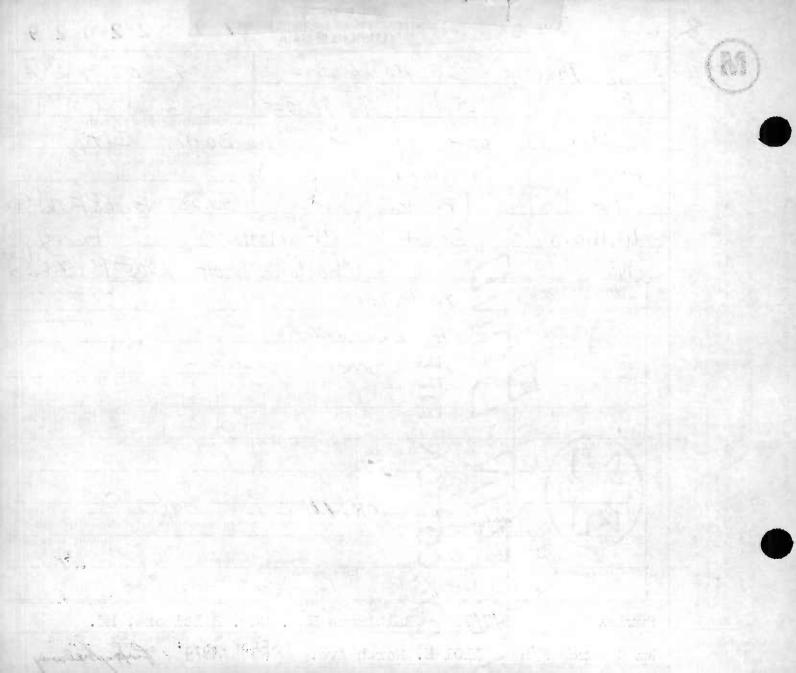




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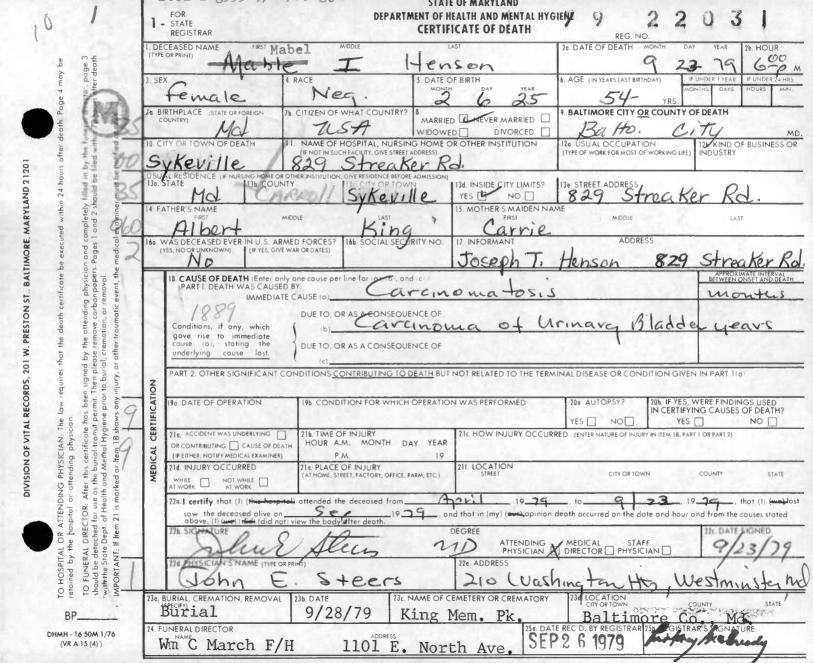
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAS1 L DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) W. PM HN 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH YEAR DAYS HOURS MALE 885 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 12a LISUAL OCCUPATION IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY filed 405P. Ret. Police ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13e STREET ADDRESS 113c. CUTY OR TOWN 13d INSIDE CITY LIMITS? PIP 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 0 MIDDLE MIDDLE ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) seach. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (D), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID) A CONSEQUENCE OF practatic Conditions, if ony, which apve rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS, CERTIFICATION P prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION ñ IN CERTIFYING CAUSES OF DEATH? per PNUM NOF YES [NO M ental Hygie iol-transit 216. TIME OF INJURY 21n ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21f. LOCATION N P 21d. INJURY OCCURRED 21e PLACE OF INJURY b CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ked WHILE NOT WHILE [AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from DIRECTOR sow the deceased alive on 9-8 and that in (my) (our) pointon death occurred on the date and hour and from the causes stated phove (I) (we) (IIII) (did no be detached to State Dept. 22c DATE SIGNED 72h SIGNATURE DEGREE MEDICAL ATTENDING * FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN | MPORTANT 124 PHOSICIAN'S NAME LITTLE OF PERIO 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN COUNTY timore. nanuland BP Juria edan 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SHANDURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15 (4)) ully tuneral Home, 237 · Patapsco Ave. Balto.

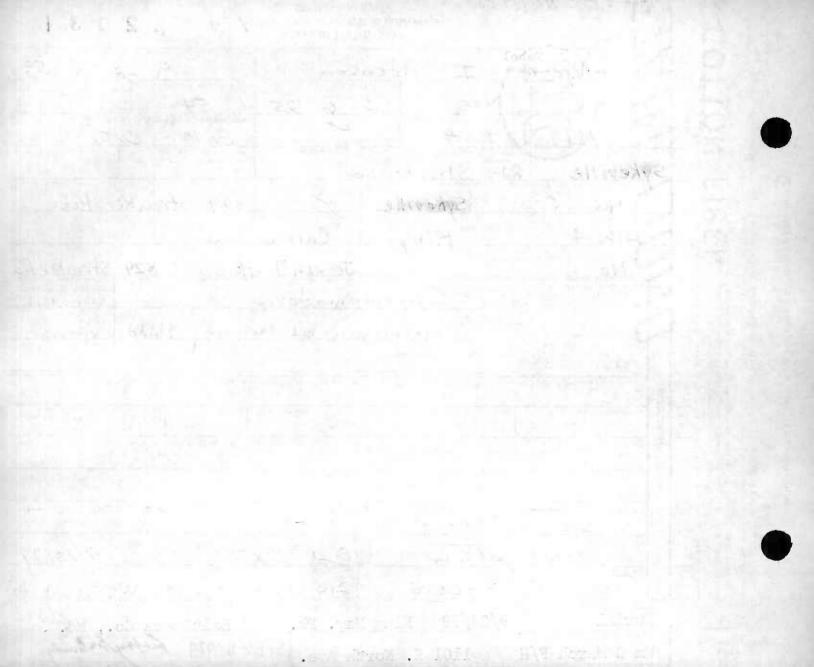
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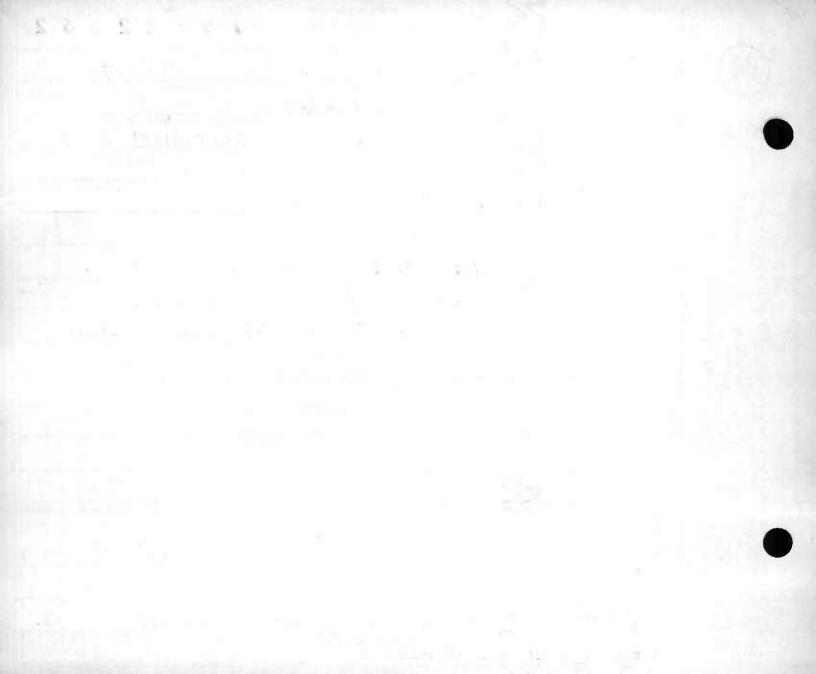


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 2a. DATE OF DEATH MONTH (TYPE OR PRINT) OFM 3. SEX 4 RACE DATE OF BIRTH YEAR MONTH DAY DAYS HOURS To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY SC Balto. City DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Records- US PHS Hospital CG 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and w APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Termina. 101cmit IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Months domenan Conditions, At ony, which gave rise to immediate couse (a), stating the 1 year DIVISION OF VITAL RECORDS, 201 W. underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO F ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION M bu 2 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY morked WHILE NOT WHILE AT WORK 22a 1 certify that (f) (this haspital) attended the deceased from sow the deceased alive on SCPT 23 abave, Miwe) (did) (did not) view the body after death. and that in (my) (our) opinian death occurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL DIRECTOR PHYSICIAN FUNERAL PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3100 Wyman Parkway should b 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 9/28/79 Arlington Cem. Arlington. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 1101 E. North Ave. (VRA 15 (4)) Wm C March F/H

ANNA CONTRA BE PER HOUSE 9100 Uyaan Parloway Many Later Policy Company Company







DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR TO DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-HEUTSLER 9 16 JOSEPH GREGORY Jr 19 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 23.1954 male white Jan 16 19 79 7b. CITIZEN OF WHAT COUNTRY? La BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland USA Baltimore City DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) South Baltimore General Hospital Baltimore Crane Operator Steel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e. STREET ADDRESS 13m STATE 113h COUNTY 13d. INSIDE CITY LIMITS? 3404 Hickory Avenue Baltimore Md YES X NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST Lillian Martin Joseph G. Heuisler 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO. ADDRESS 219 62 1286 Yes Joseph G. Heuisler Sr. Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES X NO F R: PAGE 3 SHOULD BE E STATE DEPARTMENT C , 21201 PRIOR, TO BURIA 21b. TIME OF INJURY 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY Pedestrian struck by auto. 1:04xx 9-16-CONTRIBUTING CAUSE OF DEATH 21e, PLACE OF INJURY SATHOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Anne Arundel WHILE NOT WHILE Md. Rt. 2 & 11th Ave. road TO MEDICAL EXAMINER: DESCUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTMORE, MARYLARD, 21; X 22a, I certify that I thak charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion Accident X death resulted frami Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 9-16-79 Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Moreland Memorial Parkwille 24 FUNERAL DIRECTOR **DHMH-17** Burgee Funeral Home 3631 Falls Road 21211 VR A15 ME (51)

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FOR

REGISTRAR

24 FUNERAL DIRECTOR

Anatomy Board

DHMH-16 20M

(VRA 15, 4) 7/7B

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

2b. HOUR

HOURS

126 KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL

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22c. DATE SIGNED

6:30 PM

IF UNDER 24 HRS

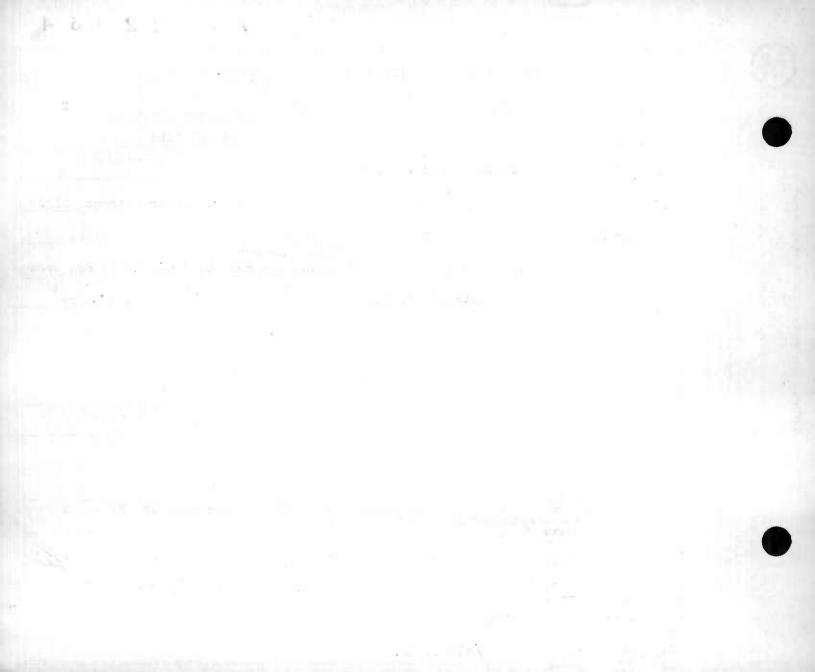
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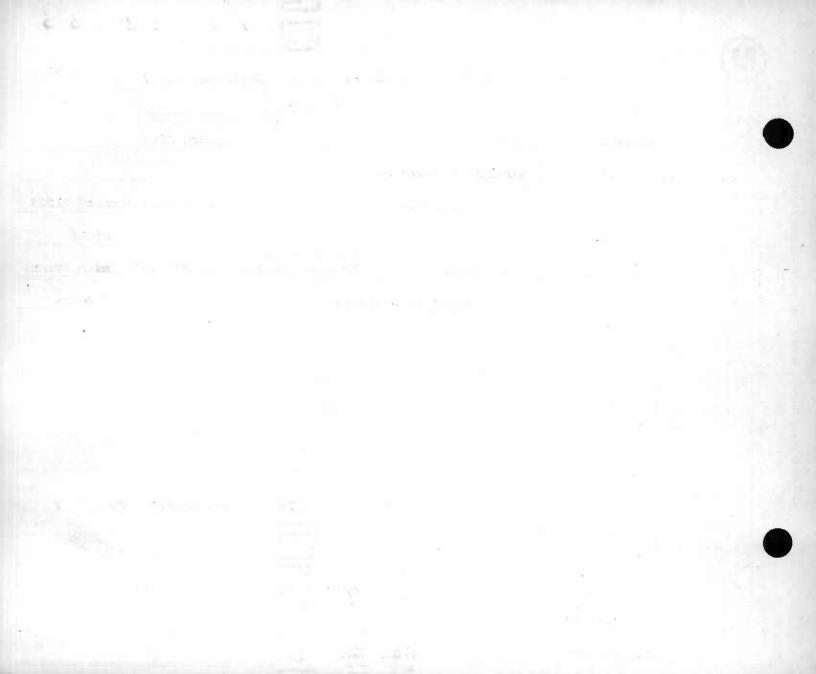
IF UNDER 1 YEAR

INDUSTRY

DAYS

CERTIFICATE OF DEATH





MIDDLE

FOR

- STATE

TYPE OF PRINT

REGISTRAR DECEASED NAME

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VRA 15(4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH DAY 2h HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH

12h KIND OF BUSINESS OR

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Laurel,

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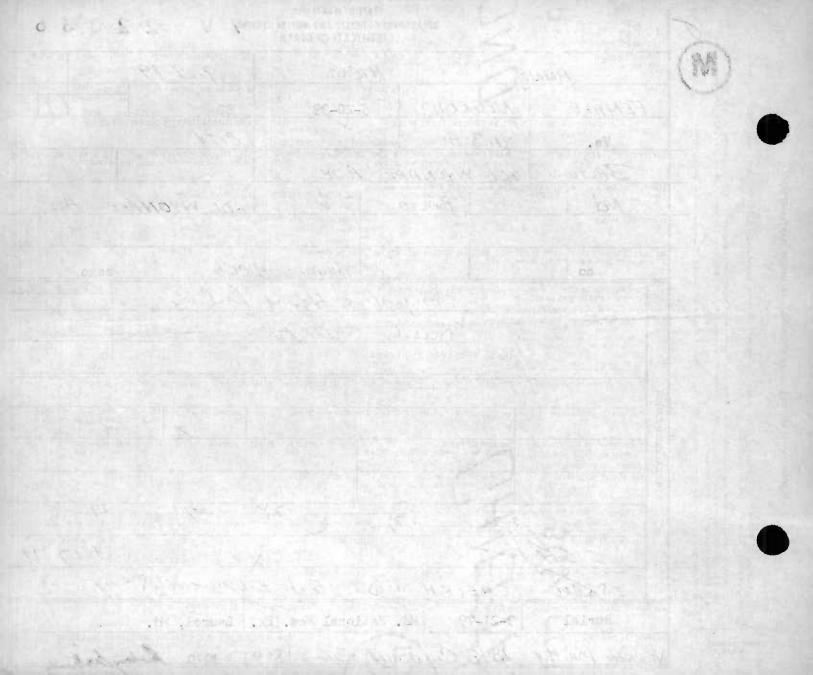
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

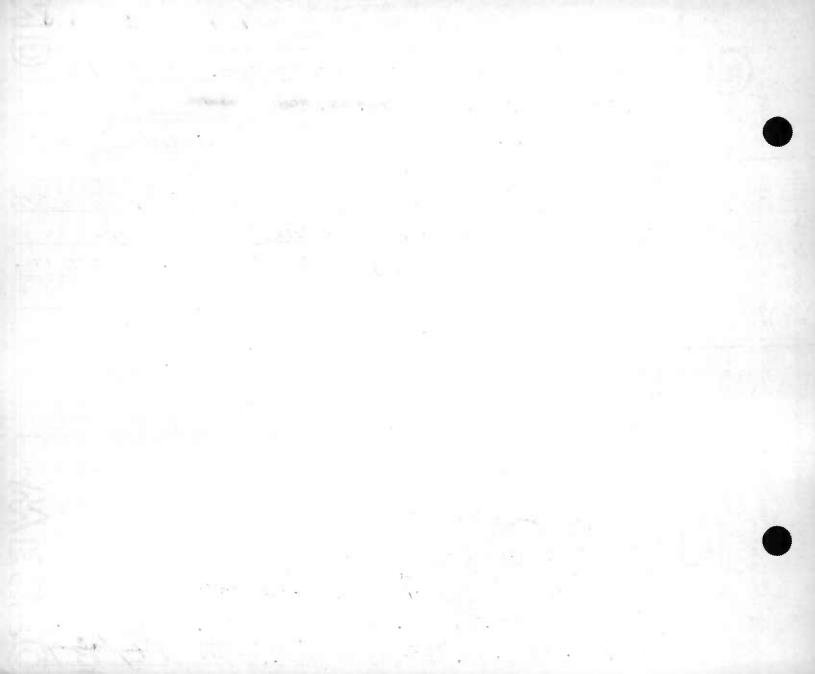
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or, po	3. SEX	7	1 RACE	5. DATE (6. AGE (IN YEAR'S LAST BIRTH	MONTHS	OAYS HOURS MIN
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IMORE,	160 W	AS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRES		
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DIVISION C AL OR ATTENDING PHYSIC : the hospital or attending AL DIRECTOR After this cer- fetoched for use as the buris set Dept. of Health and Ment T: If them 21 is marked or the	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TOW	N COUN	NTY STATE
		220. I certify that (1) (this haspite sow the deceased alive on a playe (1) (2) (did)	But 29	19 175 01	nd that in (my) (our) apinio	on death occurred on the da	te and have and fro	, that (I) (we) last
		22b. SIGNATURE Paul &	Jorlin ms	٦.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	9/29/78
O HOSPITAL O HOSPITAL TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (TYPE OR	PRINT) Paul		22e. ADDRESS	Hospitel	Belf 1	nd
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Schimunek Funeral Homes Inc.

Brohms Lane, Barto

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 2b HOUR HILDERBRAND SEPTEMBER 18. 1979 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Iron Worker 904 N. Macon St. LAST Cox ADDRESS David Hilderbrand (son) same address APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH (ADENOCARCINOMA) WITH METASTASIS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

22c DATE SIGNED

COUNTY

9-18-79

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DHMH - 16 50M 7/77 (VRA 15 (4))

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(TYPE OR PRINT)

REGISTRAR

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FOR

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BP **DHMH-16 20M** (VRA 15, 4) 7/78

COUNTY STATE that (I) (we) lost , and that in (my) (our) apinion deoth accurred on the date and hour and from the causes stated 17r. DATE AIGNED DIRECTOR PHYSICIAN Enfield STATE Cedarview Cem. N.C. Buria 250. DATE REC'D. BY REGISTRAR 22 REGISTRARS SIQUATURE 24. FUNERAL DIRECTOR 1101 E. North Ave. Wm C March F/H

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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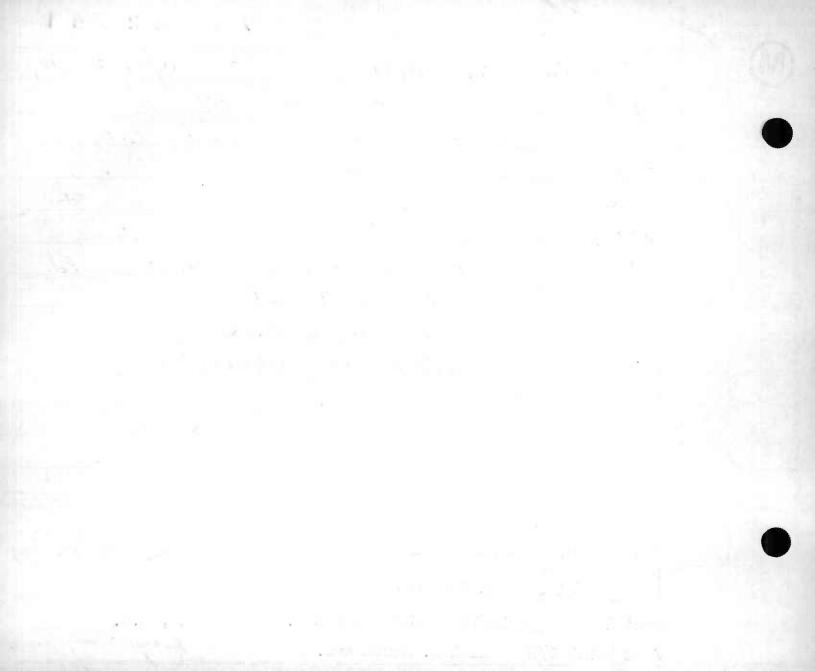
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE (STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO O DATE KNOWN MONTH 2b HOUR (TYPE OR PRINT) ESTI-ELVIRA DEATH MATED 16 E. HTLL 9 10 79 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED female negro 4 6 34 45 16 a Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City Md. USA ID CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore N. Aisquith St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1326 Aisquith St. 3a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Balto. NO [Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE PAGES 1 AND DIVISION OF VI Jesse Crosby Lucille Bath 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAH SOCIAL SECURITY NO. (YES NO, OR UNKNOWN) Winfrey Cosby No 1326 Aisquith St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which AND MENTAL gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 AS A ALTH CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X NO T PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR Jumped from burning building MEDICAL 1 xxx 9-16-CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) Md. 1326 N. Aisquith St. Balto. WHILE AT WORK home Autapsy X DIRECTOR: 220. I certify that I taak charge af the remains described above, held an Inspection Inquiry L and in my apinian PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BAITIMORE, MARYLAND, 2 Homicide Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) ACTUAL 9-16-79 MD Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS. Baltimore Co., Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE 9/19/79 Burial King Mem. Pk. 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR **DHMH-17** 1101 E. North Ave. SFP VR A15 ME (5)) March F/H 15M 7/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) EPT 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS NOV. 19. 1903 MALE WHITE 75 TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY MARYLAND IISA I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OF U.S. GOV'T. (TYPE OF WORK FOR MOST OF WORKING LIFE EXECUTIVE MERCY HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION APT. 715 13b COUNTY BALTIMORE 13d. INSIDE CITY LIMITS? MARYLAND 524 N. CHARLES ST. #21201 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE **JOSEPH** GOLDENSTEIN HIRSCHHORN JENNIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. A3900 N. CHARLES ST. 17 INFORMANT MAX SAKOL IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APT. 801 BALTO., MD 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o PART I. DEATH WAS CAUSED BY MINUTES PRESTON ST. Endin-Septon-Lateral Myocar dint Inforction Endtic Corovay Varculon Disease Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 eft preumonia CERTIFICATION 206 IF YES. WERE FINDINGS USE 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F sho 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased plive an and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated DEGREE ATTENDING STAFF MEDICAL should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS MPORT/ 23c. NAME OF CEMETERY OR CREM TORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL SEPT.9,1979 BALTIMORE HEBREW BP 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 1/76 BÂLTO., MD 6010 REISTERSTOWN RD. (VR A 15 (4)) 21215

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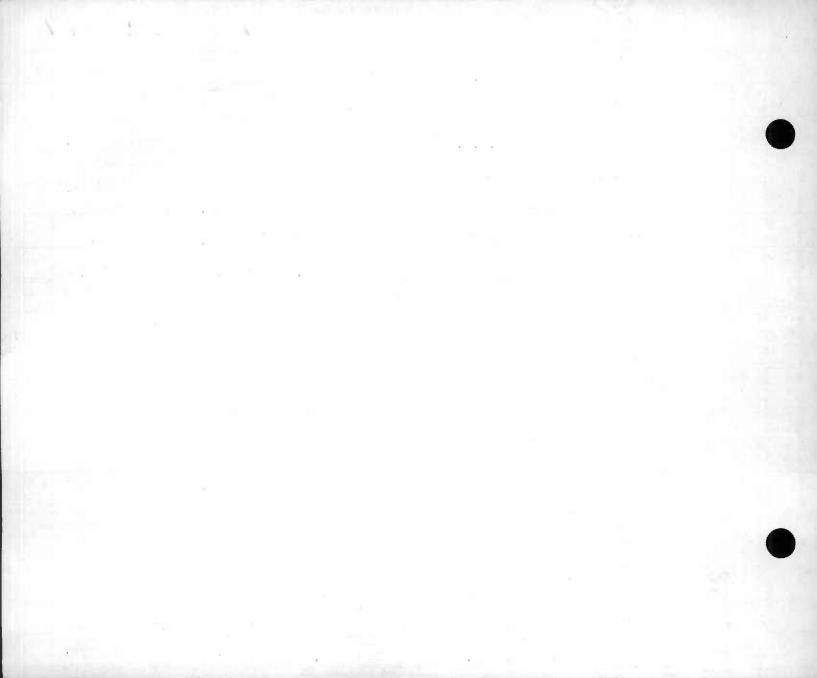
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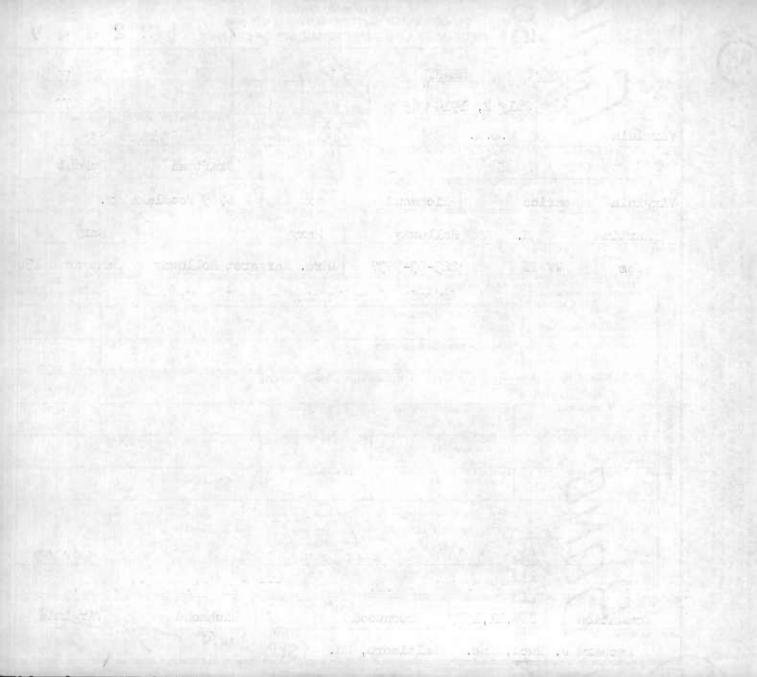
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15, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the peat control be executed within 24 hours signed by the attending physician and completely filled in by no lease remove carbon papers. Pages 1 and 2 should be filled o burial, cremation, or removal. injury, or other traumatic event, the medical examiner must be		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE OF	s mis	AINAL DISEASE OF CON	10	DAMANTE INTERVAL NO ONSET AND DEATH MULLIFY OF Y
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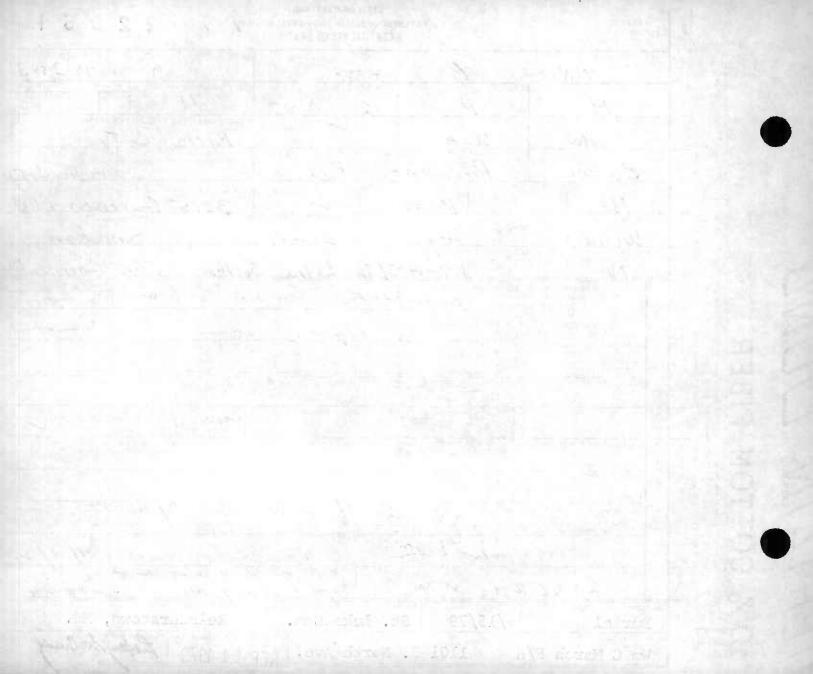
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March F/H

(VR A 15 (4))

STATE OF MARYLAND

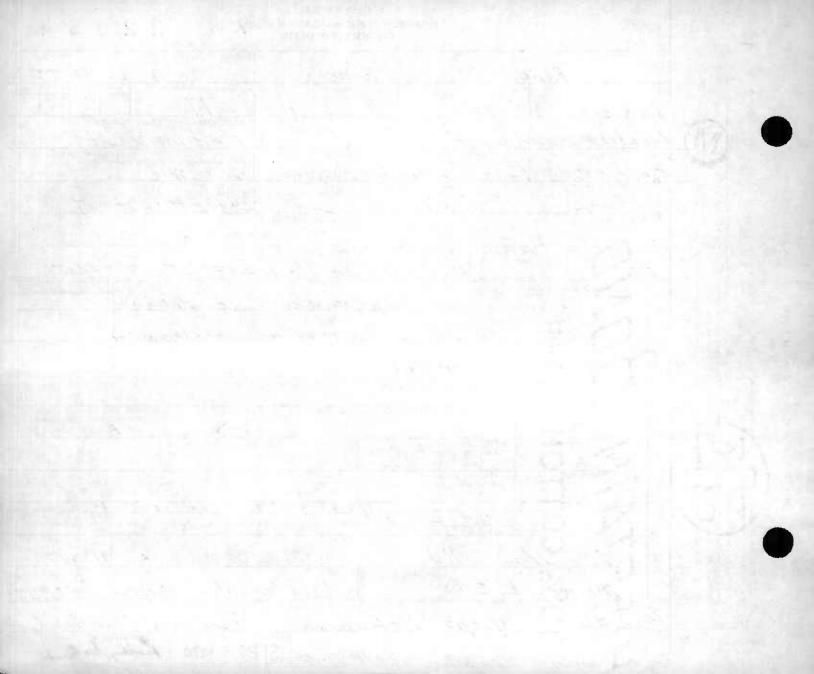
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Roxie oge 22 3 SEX 5. DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS 901 ema/e O BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | WIDOWED DIVORCED [126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY **QRJOWN** 13d INSIDE CITY LIMITS? NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE LAST anknows anknown medical ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17-INFORMANT Pages (IF YES, GIVE WAR OR DATES) the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH carbonpope 18 CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY isseminated intravascu IMMEDIATE CAUSE IO W. PRESTON carcinema, metastate c (poncreatio Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 plea 5 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION O 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO NO [the burial-transit g and Mental Hygier 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 3 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION marked or 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 79, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated Sept 22 sow the deceased alive on SEPT LL above. (1) (we) (did) (did not) view the body after death. 21 22b. SIGNATURE DEGREE 22c, DATE SIGNED + ATTENDING MEDICAL STAFF ould be deta th the State [PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Good Samaritan 4 23g BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BP. DHMH - 16 50M 1/76 (VR A 15 (4)) Encent Hame 12 15-08 Way



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 shauld be filed within 72 hou

1 1-	FOR STATE REGISTRAR	DEPARTA	DEPARTMENT OF HEALTH AND MENTAL HYGIENY 9 2 2 0 5							
1 DECE	EASED NAME & FIRST	Robert XXXXX	HOWE	REG. NO. 20 DATE OF DEATH MONTH DA	70					
3 SEX	M	Cay	S. DATE OF BIRTH MONTH OAY 1916	62 YRS.	FUNDER 1 YEAR IF UNDER 24 HOURS M					
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30 14 FATI	MOT LISEL	MIDDLE LAST	15 MOTHER'S MAIDEN NA/ FIRST ASOT K	Crso widdle	EAST					
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	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		To to topic feet						
	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a)					
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	OR CONTRIBUTING CAUSE OF DEA		Y YEAR 21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR						
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		tal) attended the deceased from	5 S'EPT 19 79	death accurred an the date and have	9 29, that (I) (we)					
7	abave, (l) (we) (did) (did) po	view the bady after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 22c DATE SIGNED					
7 7	APUDAL	Kev	1220 ADDRESSLIMIU 1403 D	BOLT MARYE	2000					
(SPE	RIAL, CREMATION, REMOVAL CECIFY)		AME OF CEMETERY OR CREMATORY Bardens of Fait	23d LOCATION CITY OR TOWN	OUNTY STATE					
24 FUN	NERAL DIRECTOR	ADDRESS Pral Home-3331	25a. DAT	REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE					

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

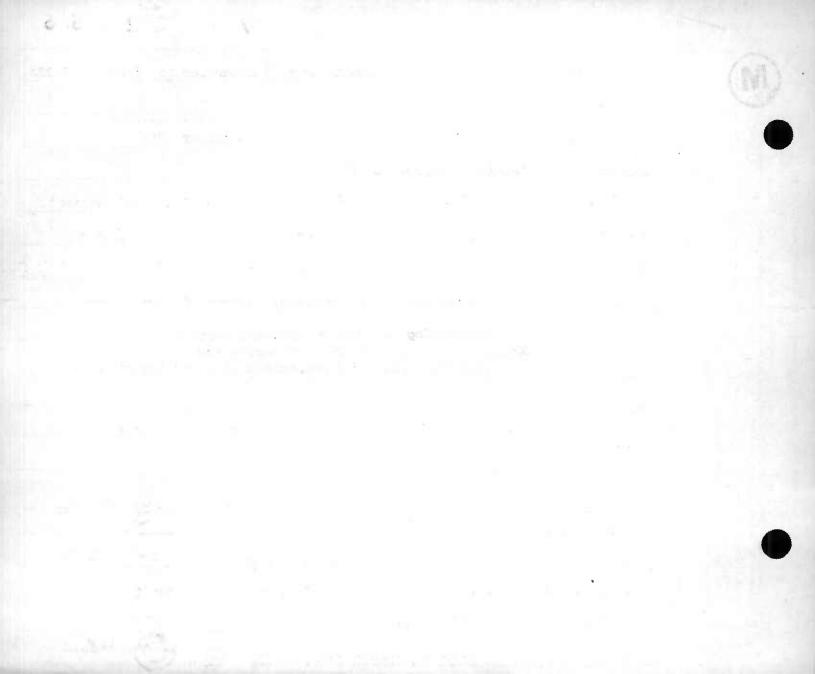
Robert Warrey Mitreburgh, FA L L AT. Marghartin

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North Ave

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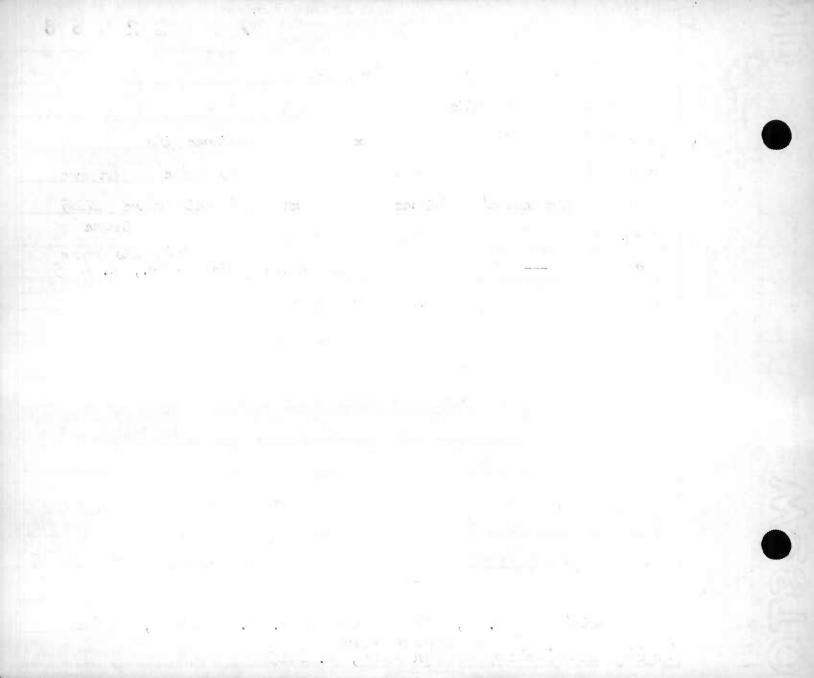
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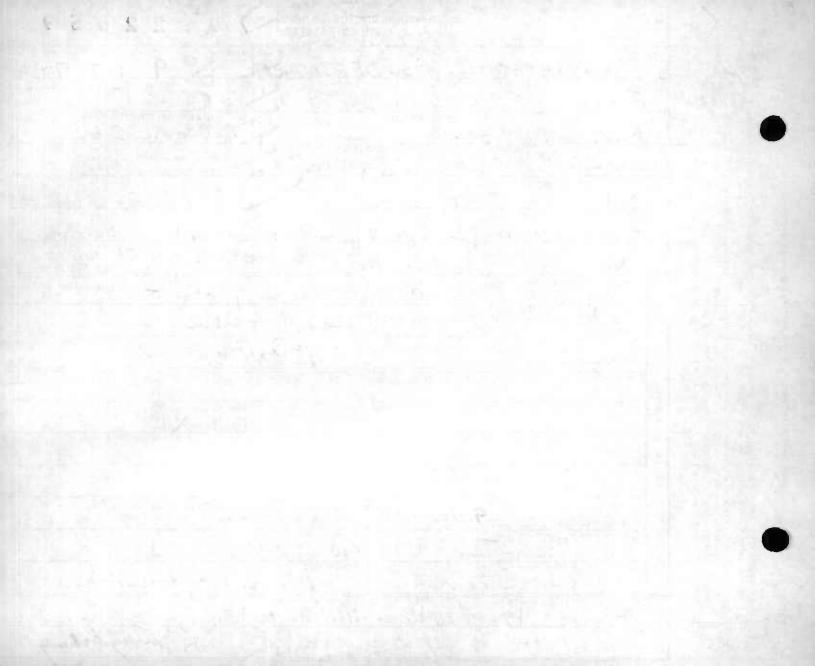
6	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIÉPÍE 9 2	2057
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	3. SE	* MALE	WHITE	5. DATE OF BIRTH MONTH GAY YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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OR he		22h SIGNADURE	Khravey	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE OR	would ki	TAMY 220. ADDRESS S. B	44 - Bau	· md.
BP		BURIAL, CREMATION, REMOVAL SPECIFY Burial	10/3/79 Ce	dar Hill Cemete		A.A. STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		uneral director sorge J. Gonc	e 4001 Ritchi	TATION CIECO I DO	T9 1979	trans sunature

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3	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 9	2 2	0 5 8	
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	3 SE	Female	RACE . White	5. DATE (6. AGE (IN YEARS LAST BIR	YRS.		24 HRS MIN
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n. nas bee permit ne prior ws ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEAT NO	TH?
G PHYSICIAN: The law readending physician. Ther this certificate has been a the buriol-transit permit in and Mental Hygiene prior ked or hem 18 shows ony in		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJL	JRY IN ITEM 18, PART 1 OF	PART 2)	
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the hospital at DIRECTOR estached for unter Dept of Hem 21 is		226. SIGNATURE	STAPOW M.	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF .	21. DATE SIGNED	79
TO HOSPITAL CATA		224. PHYSICIAN'S NAME (TYPE OF		. D	SOWIH	BALT	c	/	
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DHMH-16 20M (VRA 15, 4) 7/78	24 F	UNERAL DIRECTOR	237 East Patan	sco Av	enue 250. DAT	E REC'D. BY REGISTRAF		SIGNATURE	oly



				STATE OF MARYLAND		
1	1	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HYC	GIENE ()	2 2 0 5 9
5	' -	STATE REGISTRAR		CERTIFICATE OF DEATH	7 7	4.2021
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7 + 7 + 5 -		of the	n- lan	MO ATTENDING)	DIRECTOR PHYSIC	IAN 🗆
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	22e ADDRESS		1 -1 0
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	230. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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DHMH - 16 60M 1/75	24. FU	INERAL DIRECTOR	ADDRESS -			25b. PSGISTRAR'S SIGNATURE
(VR A 15 (4))	N	cholas T. Mat	thows, 3951 E	istern Ave. St	P1 1 1979	buckers & groups



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FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) FloRA 3 SEX 4. RACE IF UNDER 24 HRS DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR MONTH VEAR Female Black 1897 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lutheran Hospital Balto. Housewife JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 3003 W. North Ave Md Balto 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wesley Weems John Hut chins Margaret 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. 17. INFORMANT PRESTON ST., BALTIMOR IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215 32 0606 Flora W. Johnson 3003 W. North Ave No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED WHILE PERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I NOI Mental Hygi 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 à 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an. , and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did;not) view the body ofter death DEGREE 22c. DATE SIGNED -ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN CIAN'S NAME OFFE OF PRINC 22e ADDRESS ld b MPORT 230 BURIAL, CREMATICAL REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE COUNTY Balto Burial Auburn Cem 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Isaiah L. Brown And Son 1913 W. Balto. St.

44			STATE OF MARYLAND		
M 4	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENEY 9 2 2	0 6 3
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
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may , pag	3. SEX	4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
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hour hour	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	F DEATH
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ithin 24 h	MARYLAND 14 FATHER'S NAME	BALTIMO		707 DORCHESTER	ROAD, 21229
¥ 3 0 7 E///	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
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tendii e coi	Conditions, if any, which	DUE TO, OR AS A CONSEQU	PRIOSCIENOTIA	C-V. Dicases	2-0 uma
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hat the by the ase rei il, crem	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU		TYME DISEAS.	3-4 Ver
ofe ed	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO		AINAL DISEASE OR CONDITION GIVEN	V IN PART 1(a)
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n. n. nas beer permit. ws any i	THE CERTIFICATION 190. DATE OF OPERATION 3 23 - 2 8	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
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or or see of the seelfthe seelfthe	22a.1 certify that (1) (this haspi	tal) attended the deceased fram.	3-17-78 1976	15, to 50 kg 15	79, that (I) (we) last
TTEN pritol TTOR TTOR for u	saw the deceased alive an	t) view the body after death.	and that in (my) apinian	death accurred an the date and hour o	and from the causes stated
OR AT OR AT DIRECT Sched fr Dept. a f Item 2	17h SIGNATHRE	110	DEGREE		22c. DATE SIGNED
	Alylin A	- Vagleer	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-20-79
HOSPITAL ined by the FUNERAL uld be definant to the Stote ORTANT:	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS		
- 0 - 0 + 0	STEPHEN K. PAI	DUSSIS, M.D.	WILKENS & P	INE HEIGHTS AVENUE	21229
Ope Ope M	23a BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	OUNTY STATE
557 BP	BURIAL	09-22-79	NEW CATHEDRAL	BATTTMODE CTTV	MADVIAND
DHMH - 16 50M 1/76	24 FUNERAL DIRECTOR	ADDRESS	21229 250. DAT	E REC'D. BY REGISTRAR 256, REGISTRA	AR'S SIGNATURE
(VR A 15 (4))	HUBBARD FUNERAL		7 WILKENS AVE. SE	P2 1 1979	7

- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAN DECEASED NAME 20. DATE KNOWN (TYPE OF PRINT) OF ESTI-R. FARL ISENNOCK 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE LAST BIRTHDAY male white DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City DIVORCED Md 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 7500 Harford Rd. Operator Baltimore Motel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES X NO C 7500 Harford Road 13c CITY OR TOWN Balto. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Raymond Tsennock Ann Moore 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION Yes Mrs. Margaret Beers Balto. WW 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH Gunshot wound to head (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? HEAD ONLY 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING A OR Self-inflicted. MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 7500 Harford Rd. home 22s. I certify that I took charge of the remains described above, held an Autopsy and in my apinian TO MEDICAL EXAMIN

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PAGE 4 SHOULD BE
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AFTER DEATH, WITH III
BATTIMORE, MARYLAN Hamicide / Undetermined manner death resulted from Natural causes TITLE (SPECIFY) 9-27-79 M. Assistant MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT! 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Cremation Greenmount Baltimore CO . 250. DATE REC'D. BY REGISTRAR Henry W. Jenkins & Sons **DHMH-17** (VR A15 ME (5)) 1905 York Road Balto. Md. 15M 7/76

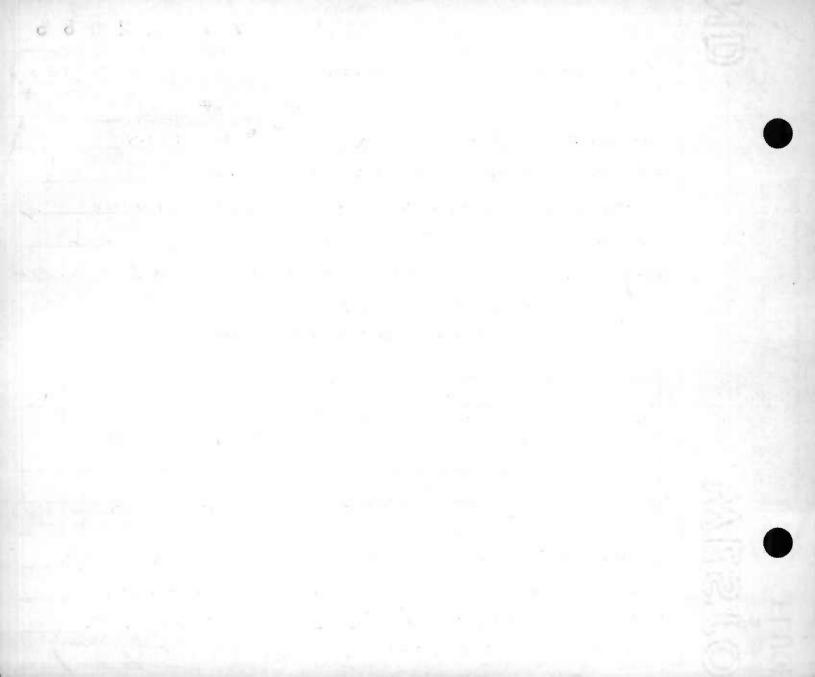
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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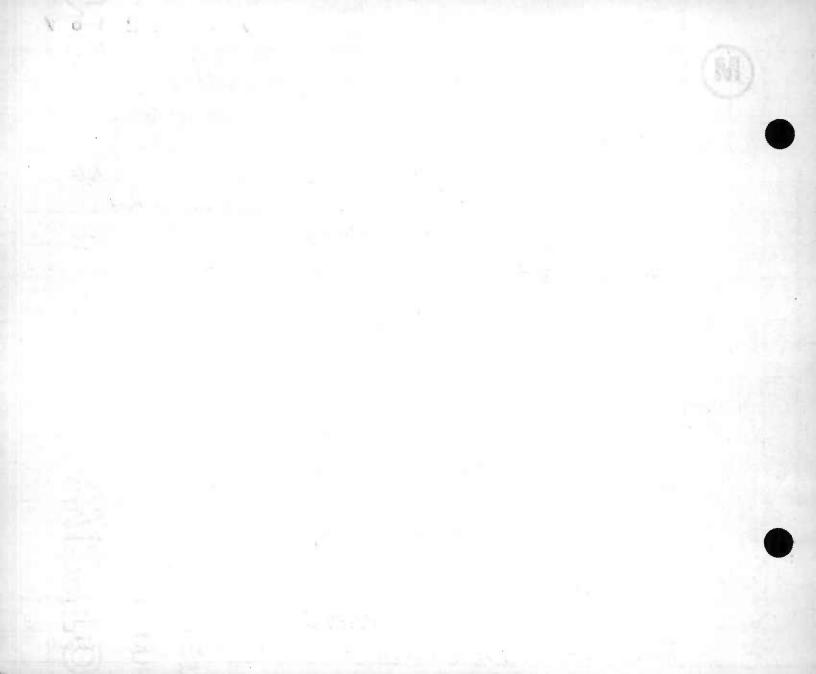
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NT: If her		22b. SIGNATORE S.	Ossman	Jims		MEDICAL STAFF DIRECTOR PHYSICIAN	12c. DATE SIGNED, 9/9/7
MPORTA		AKred G.	Ossman 1	J. MD.		Paul St Ball	timore Md 21.
	(5	urial, cremation, removal Burial	9-11-79	New 0	of CEMETERY OR CREMATORY Cathedral	23d LOCATION CITY OR TOWN Baltimore	Many and
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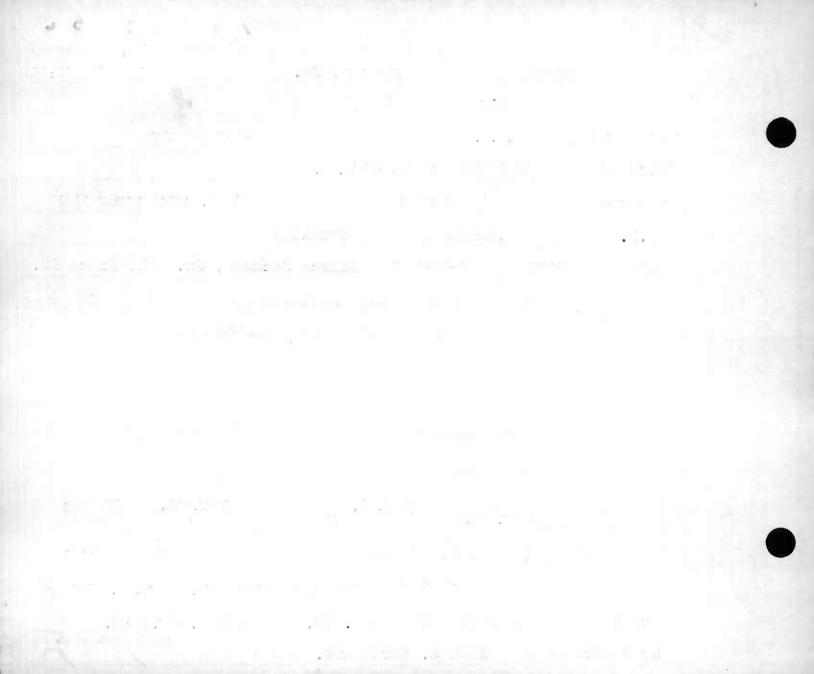


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DAJE OF DEATH L DECEASED NAME MIDDLE MONTH DAY 2b. HOUR (TYPE OR PRINT) RRIE CKSOA 4 RACE IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS AA IN MALE YRS TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED TIMORE, MO WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY T7 MORE USUAL RESIDENCE (IF NURSING HOME OR OTHER HUMBLE OF BEFORE ADMISSIONI 136 COUNTY NWOT TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS LTIMORE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE orre ADDRESS 14g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 27/79 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 10) CONGESTIVE HEART FAILURE & ARRYTHMIAS Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR ASA CONSEQUENCE OF underlying couse lost ROSCUEROTIC HEART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATELOF OPERATION 206. IF YES, WERE FINDINGS USED ene pr IN CERTIFYING CAUSES OF DEATH? CCCIUS/OA YES 🗍 NO YES T NO [physiciol iol-tronsit sho Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK 220 I certify that I this hospital attended the deceased from that (I) (we) lost sow the deceased alive on 9 obove, (1) (we) paid waid not) view the body attended the and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED should be detach with the State De ATTENDING MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN | TICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 0 23a BURIAL, CREMATION, REMOVAL 236. DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) Beltimove 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OCT 3 1979 24 FUNERAL DIRECTOR DHMH-16 20M 319 N. Schroeder St. (VRA 15, 4) 7/7B



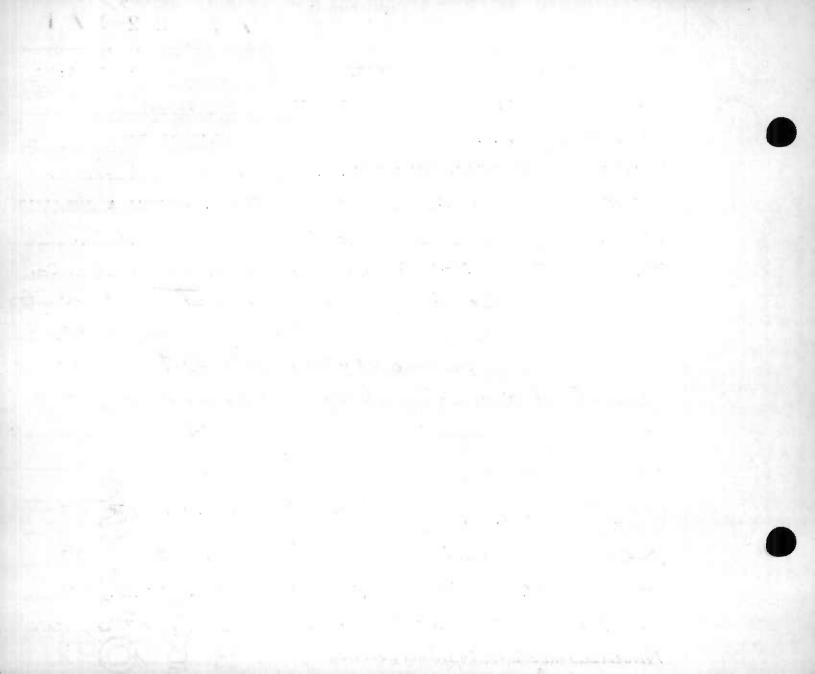
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE"

CERTIFICATE OF DEATH

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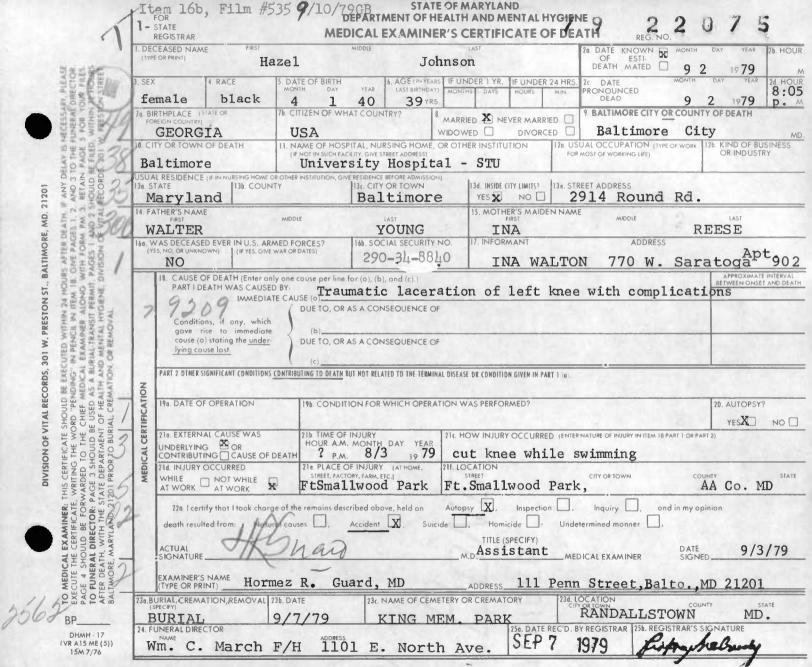
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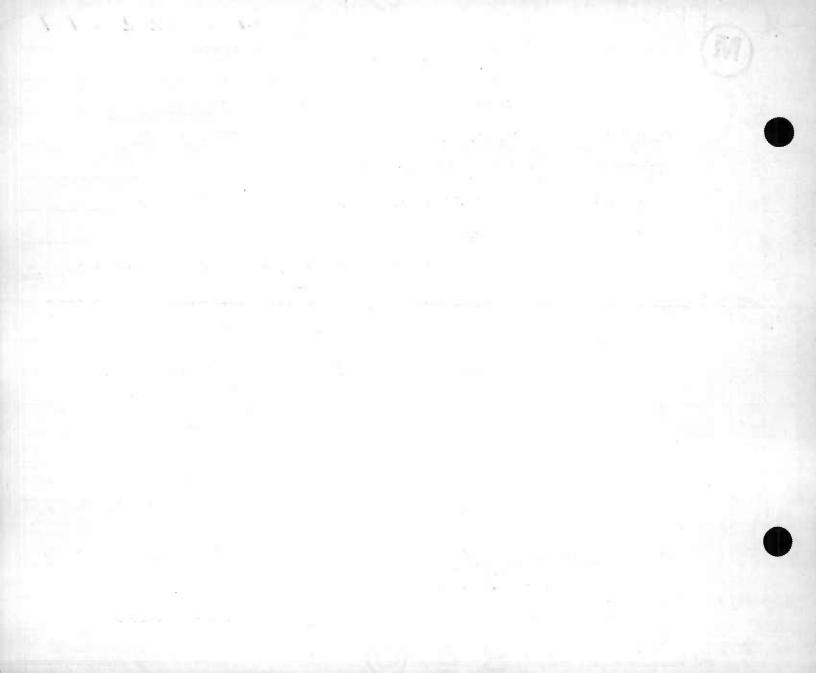
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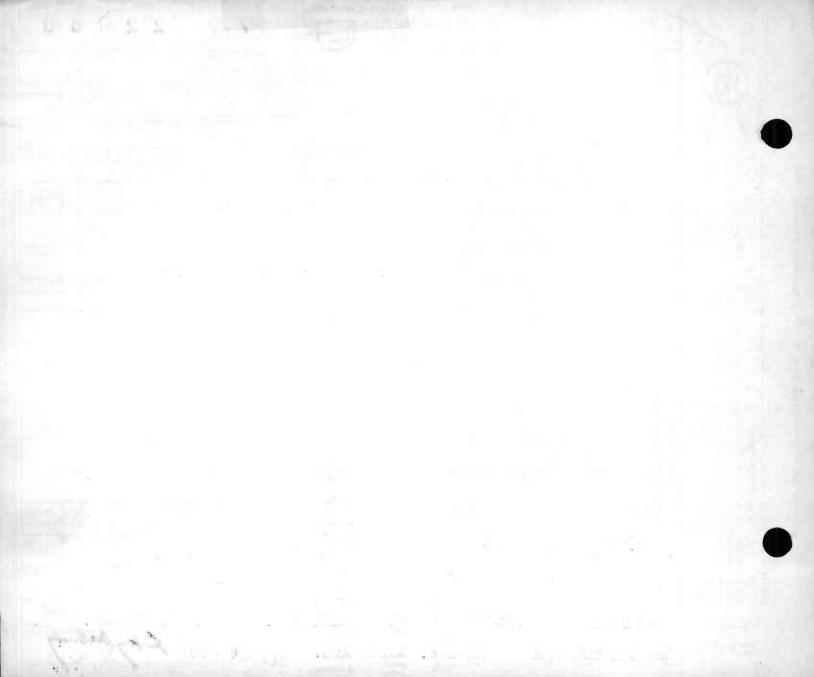
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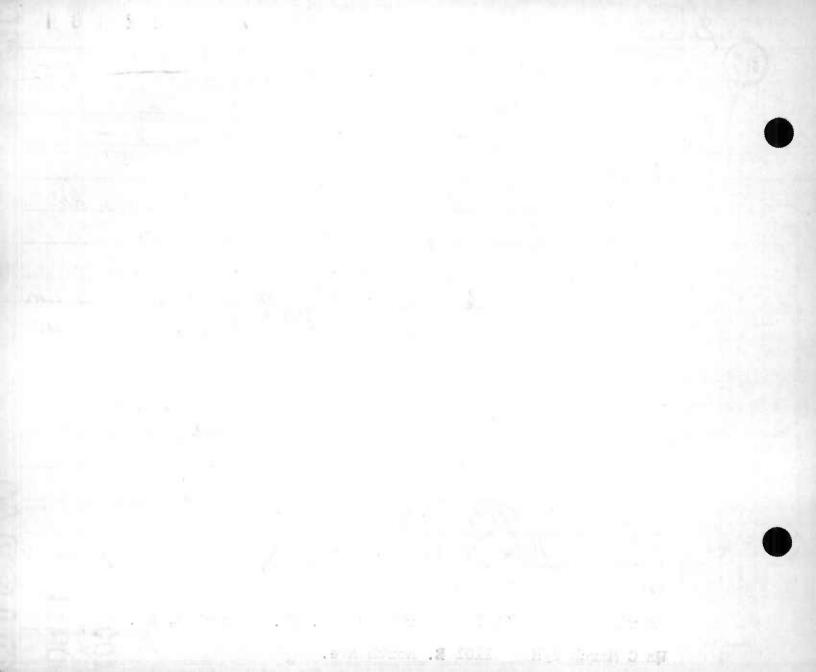


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STATE OF MARYLAND

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		obove, (I) (we) (view the body ofte	r death.			or) opinion o	eom occorred on make	TOTE ONG NOOT			
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BP. DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funerial should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 7% with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If hem 21 is morked or hem 18 shows ony injury, or other troumotic event, the medical examine a quist be notified of o

ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physician

(VR A 15 (4)) 9/74

24 FUNERAL DIRECTOR March F/H

1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 250. RED STRAR'S SIGNATURE SEP 1 8 1979

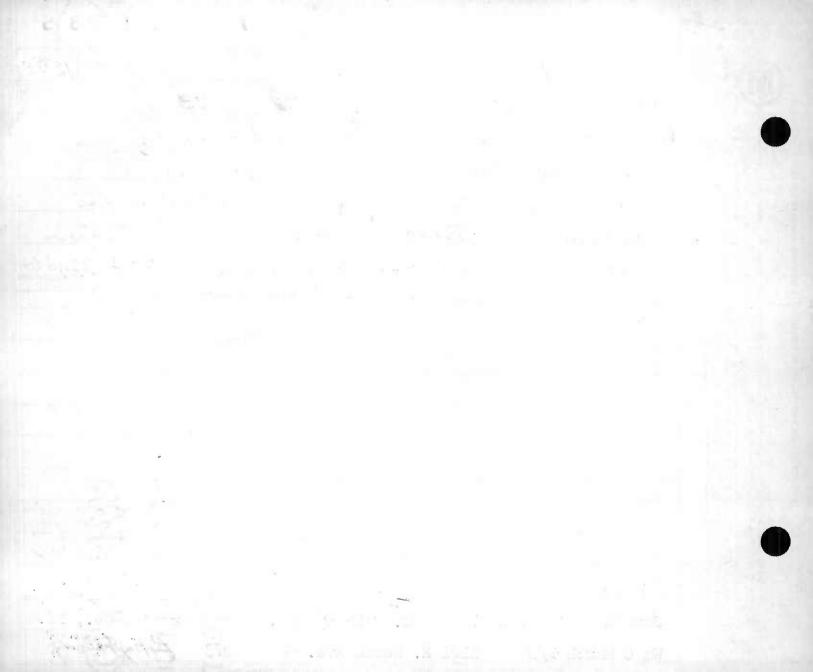
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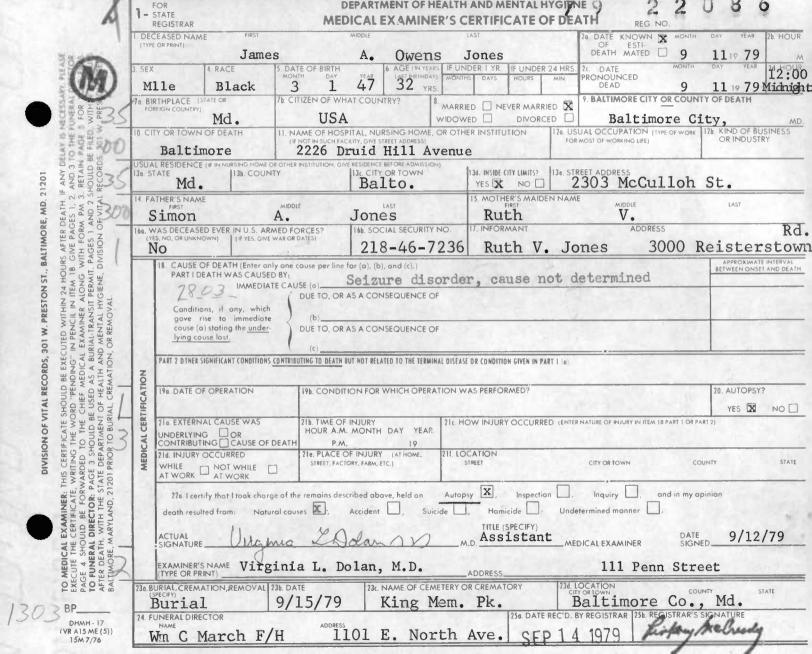
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-Carlton W. Jr. DEATH MATED Jones . . SEX DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS. 2d HOUR 5:00A DATE MONTH LAST BIRTHDAY PRONOUNCED Male Black 48 31 4 DEAD 11 19 79 YRS d. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Md. Baltimore City. DIVORCED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS Provident Hospital Baltimore City USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1902 N. Payson St. Balto. MdNO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wilson Carlton Caretta Jones, Sr. 7. INFORMANT 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! No Mary E. Jones 1902 N. Payson St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab wound of chest & abdomen DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES Y NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR XXXX MONTH DAY YEAR UNDERLYING XXOR MEDICAL 5:30 M 810 stabbed by assailant CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE WHILE AT WORK club .909 N. Pulaski St. Balto MD 22s. I certify that I took chi DIRECTOR Hamicide X Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL Deputy ChiefMEDICAL EXAMINER EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn St. Balto., MD TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE 9/15/79 Arbutus Mem. Pk. Arbutus, Md. Burial 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Linkow McCreeds IIO1 E. North Ave. VR A15 ME (5) Wm C March F/H 15M 7/76

A STATE OF THE PARTY OF THE PAR Of my S. Joseph 1902 W. Helson Burtal Thirty a Articlandian. His organization, His Bay What is the transport of the control of the con

mper or entrol of controls in the Market Ma ingrial 9/6/79 telemetery calms Coorge J. Longe 4001 Materials Lawy

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) 7) 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAVS HOURS 1906 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED D ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY & hAN USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 130 STATE 136 COUNTY illed buld b 13d. INSIDE CITY LIMITS? 13a STREET ADDRES 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDOLE FIRST MIDDLE ones OSa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) [YGD & (VO) Pe DUE TO, OR AS A CONSEQUENCE OF Artorial scleration Vascular disouse Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? YES [NO3 YES [NO I sho ol Hygu 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ö 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE orked NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from that (I) (we) lost 14 saw the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated ō abave, (1) (we) (did) (did not) view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS should b 0 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN SPECIFY) Anne Arundel Co., Calvary Burial Cem. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M 1101 E. North Ave. (VRA 15, 4) 7/7B Wm C March F/H





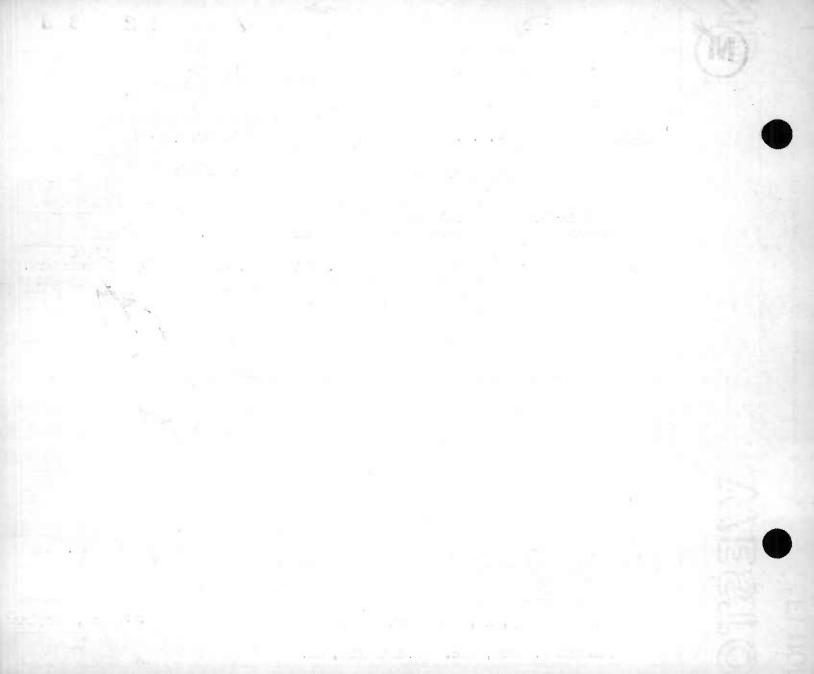
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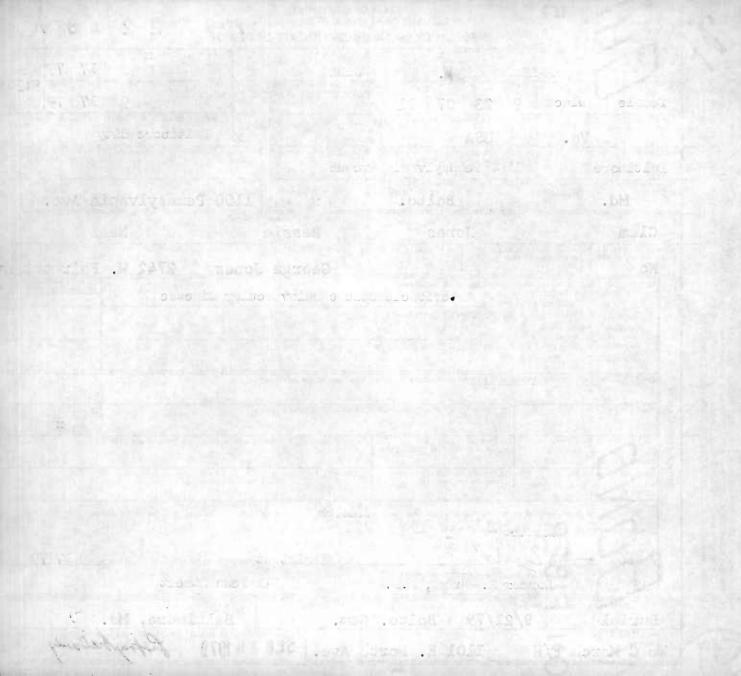
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9 8 1	9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
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2 2 3	P. I.O	10 C	TY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPA		126. KIND (OF BUSINESS OR
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ion,	E S		Conditions, if ony, which				c Aneurysm				
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or to	v injury.	CERTIFICATION									
and Mental Hygiene prior	s ou	FICA	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	106. IF YES, IN CERTIFY	WERE FINDI	NGS USED S OF DEATH?
gien	Shows	RTH	8-12-79			inal i	Aortic Aneurys		YES	hand	NO [
400	e G	_	21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		OF INJURY I.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN.	URY IN ITEM 18, PAI	RT I OR PART 2)	
	9	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE	P) P	P.M.	19					
-	ŏ	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, S	OF INJURY	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
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0	17.		sow the deceased olive o obove, (I) (Add (did)	on view the bod	y ofter death.	, 01	d that in (my) () opinion o	death occurred on the	date and hour	and from the	couses stated
, de	t e		27E SIGNATURE	1/ /	1		DEGREE			22c DATE	SIGNED
Jak L	=		20	Inn	lan K	2	ATTENDING PHYSICIANX	MEDICAL ST.	AFF ICIAN 🗌	9/4/7	79
e Ste	¥ T		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			1-1-1	
with the State Dept	MPORIAN		Edmund C. Tor	tolani	M.D.		c/o Maryland	General H	osnital	7	
3	<u> </u>	23a. E	URIAL CREMATION REMOVA			NAME OF C	EMETERY OR CREMATORY	734 LOCATION			
		(:	Burial	9/7	,	ak L		CITY OR TOWN	to.	YTAUO	Md.
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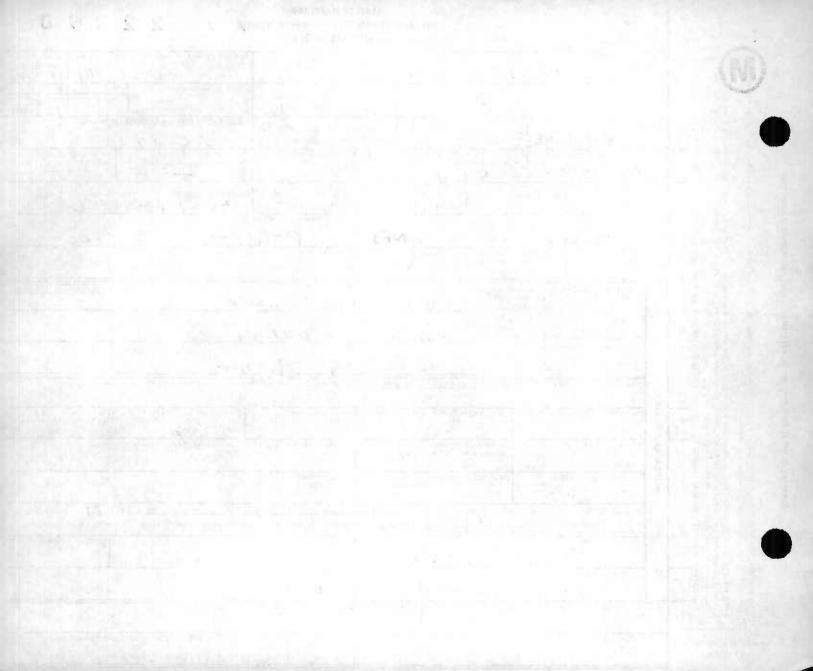
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			E OR PRINT)	MAR	v	W.			NES		OF	ESTI-	MONTH 9		79 2b. HOUR	
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MOR	TER TOWN	160. V (Y	ES, NO, OR UNKNO	DEVER IN U.S. ARME		16b SO	CIAL SECURIT	Y NO.	17. INFORMA			ADDRESS				
SALTI	R AN OOM		No	5551711/5					Geor	ge Jo	nes	2742) W.	Fair	mont A	
ST.,	HOU NIB		PARTIDE	F DEATH (Enter only of ATH WAS CAUSED B	BY: A	rter:), and (c).) ios cl e:	rotic	cardio	ovascul	ar dis	sease			DNSET AND DEATH	
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			death result	ed from: Natural	couses X.	Accident	L, Su	icide	, Homicide		determined n	nonner,				
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170:	BP		UNERAL DIREC					14/11/	250	a. DATE REC'D			TRAR'S S	SIGNATURE	,	
,,,	(VR A15 ME (5)) 15M 7/76	N	hn C M	arch F/H	ADDRESS	01 E	E. Nor	th A	Ave.	SEP 1	8 1979	Fire	Age	helie	4	



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	1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO	220	9 0
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ge 4 rector. Prs off	3. SEX	m	4. RACE	5 DATE (6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN
death. Page uneral direct hin 72 hours		RTHPLACE ISTATE OR FOREIGN DUNTRY) BALTIMORE	76. CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	113100
with with	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		DR OTHER INSTITUTION	12a USUAL OCCUPATI		MD. OF BUSINESS OR
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AND 2 AND 2 AND 2 AND 2 And 5	13a. S	TATE 136 COUR	NTY 13c. CITY C		13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	FORCERO	
within within d 2 shall end 2 shall end	14. FA	THER'S NAME		AST CONTRACT	15. MOTHER'S MAIDEN NA	ME MIDDLE		AST
complex s 1 and w	14	OLIVER		JONES	PAY	LETTE	VON,	=5
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours spers. Pages 1 and 2 shauld be fill vol. it, the medical exercher must be no		VAS DECEASED EVER IN U.S. AR EES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	AL SECURITY NO.	17. INFORMANT	ADDRE	55	
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201 W. es that the es that the please rurial, cre		gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A COI	Espiral	My do	MMAL DISEASE OR CONI	DITION GIVEN IN PART 1	(a)
RDS, 20 equires n signe Then pl r to buri	O N							
ne law renon hos been hos been prior ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO♥.	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
N OF VITAL RE SICIAN: The Ic mg physicion. certificate hos miol-tronsit per emb l Hygiene item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR		Y IN ITEM 18, PART 1 OR PART 2)	
VISION G PHY: or this s the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
END tol on OR: A or use Theol		220.1 certify that (I) (this hospi sow the deceosed alive an	9-3-	19 79 0	2 -, 19 7 c) and that in (my) (our) opinian	deoth accurred on the de	19	that (I) (we) lost
t OR A A the hosp to the hosp to the best to be best them		22b. SIGNATURE	ot) view the bady after death	12-	DEGREE ATTENDING	MEDICAL STAF	F _	ESIGNED
O HOSPITAL TO FUNERAL Should be deto With the Store WAT MAPORTANI.		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	U)	PHYSICIAN [22e ADDRESS	DIRECTOR PHYSIC	IAN []	
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2644BP	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. Ft	NERAL DIRECTOR	ADD	RESS		E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	TURE



(0.0)		SED NAME	FIRST		MIDDLE		LAST		2. DATE OF DEAT	TH MONTH	DAY YEAR	2b. HOUR
1 (2)	(TYPE OR)	RINT)	ROBE	RT B		JO	NES	JR.	SEPTEM	BER 2	7,1979	7:33A
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SZ hou	COUN			76 CITIZEN OF	S.	WIDOW	ED D	MARRIED	9 BALTIMORE CI BAL		E CITY	MI
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an and Page (1)		DECEASED EVI		MED FORCES? E WAR OR DATES!		12-1662	17 INFORM	ANT	A	DDRESS		
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ittending e Carbor tion, or trauma	C	5334 anditions, if d	1	DUE TO, O	RASACON				Bleedi	ng.		
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te has be permit. iene prio	CERTIFICATION	DAJE OF OPER	79	Uppe	ITION FOR V	which operations to inte			YES NO	20b. IF Y	YES, WERE FINDING TIFYING CAUSES	NGS USED OF DEATH?
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After this the burish and Me	W M	HILE NOT	URRED	21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATI STREET	ON	CITY C	OR TOWN	COUNTY	STATE
ATTENC ital or att	220	saw the dece	ased alive pr	tall attended th		7 /	nd that in (my		death occurred an t	7 he date and h		that (I) (we) last
by the hospi by the hospi ERAL DIRE s detached for State Dept.	122	STIGNATURE VILLA	2. H	elf view the bady	M.D.		DEGREE	ATTENDING PHYSICIAN		STAFF	1 22c DATE	SIGNED 779
HOS inned FUN uld be h the	220	Peter.	NAME (TYPE O	APRINTI 1/4 M	, D ·		John	ss , /	Kins Ho	150,	Battino	205 re, md
Bb TOF With With	23a. BUR (SPEC	IAL, CREMATIO	N. REMOVAL	236. DATE 9/28/	79	23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
DHMH-16 25M		RAL DIRECTOR		, 0, 20,	ADDR	RESS		25s. DAT	E NECED BY REGIST	PAR 256. REG	ISTRAR'S SIGNAT	URE Creedy

Balto., Md.

FOR

- STATE

DHMH-16 25M (VRA 15, 4) 1/79

Anatomy Board

REGISTRAR

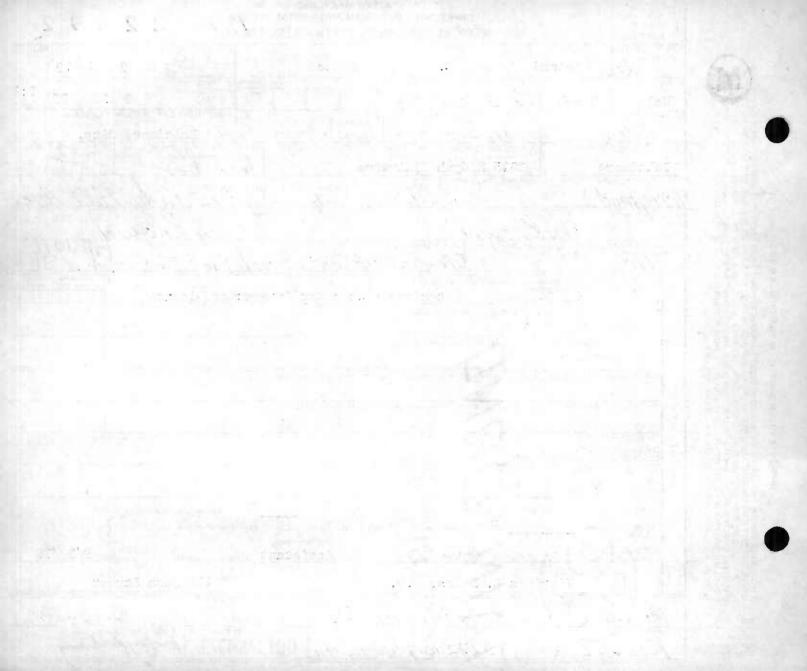
STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

... that (I) (we) last

1-67 5 2 5 5 9 1



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 2b. HOUR 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Caprice 12 Jordan 9 19 79 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. JIF UNDER 24 HRS DATE OF BIRTH 9:00 PRONOUNCED Male **Black** 10 22 78 DEAD A M 9. BALTIMORE CITY OR COUNTY OF DEATH Je BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Md. Baltimore City, DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH Baltimore 2259 W. Baltimore Street 3. RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN W. Baltimore St. Balto. Md. NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME PAGES 1 AND 2 MIDDLE Jordon Smith Charity Limbert ADDRESS 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Charity Jordon 2259 W. Balto. St CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ORWARDED TO THE CHIE R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF 1 21201 PRIOR,TO BURIAL, C. YES X NO 7) n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 9 1219 79 Subject caught in house fire CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) PAGE STATE I 2259 W. Balto. St., Baltimore Md. home Autapsy X OULD BE FORM
AL DIRECTOR: FIT, WITH THE STANKING, 21 Inquiry 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC,
PAGE 4 SHOULD BE FOR FOUND BE FATER DEATH, WITH THE BALLIMORE, MARYLANE Hamicide ___ Undetermined manner Accident Natural causes TITLE (SPECIFY) 9/12/79 Assistant EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION REMOVAL 23b. DATE Baltimore Co., Md. King Mem. Pk. 9/17/79 Burial 24. FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. Wm C March F/H VR A15 ME (5))

15M7/76

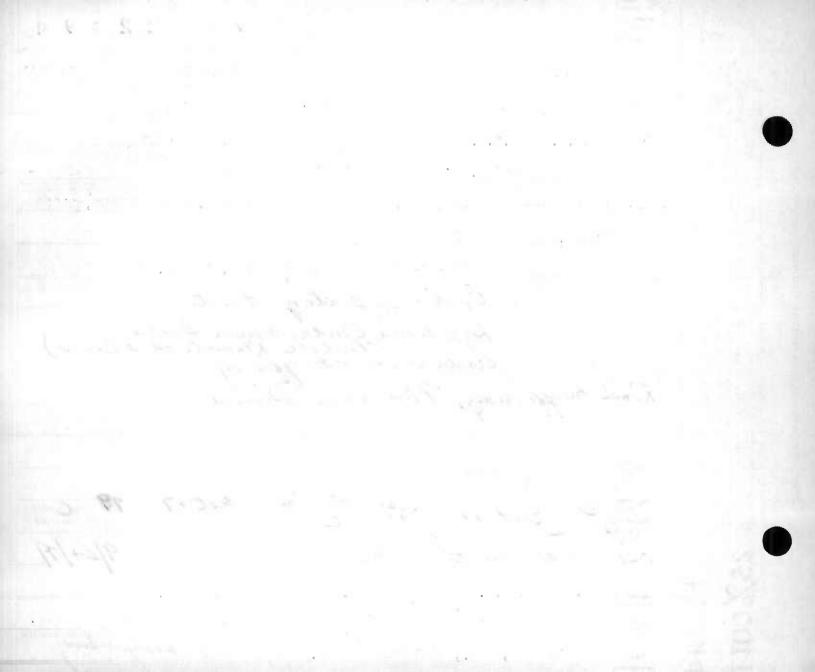
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HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VRA 15, 4) 7/78



by the attending physican and campletely filled in by the se remove carbanpapers. Pages 1 and 2 shauld be filed

injury, ar other traumatic event, th

should be detached for use as the burial-transit permit. Then please remove corbon page with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

MPORTANT: If Item 21 is marked or Item 18 shows

BURIAL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	'	REGISTRAR			CERTIF	ICATE OF D	EATH		REG. NO.	4	1 3			
ħ		EASED NAME FIRST		MIDDLE		AST		2a DATE OF DEATH MONTH DAY YEAR 2b. HOUR						
ı	(ITPE	FREDE	RICK]	KAISS		SEPT	12,	1979	9:50Am			
	3 SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEAR	IF UNDER 24 HRS					
1		MALE	04	27	MONTHS DAYS	HOURS MIN								
j		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D'	ITY OF DEATH							
5		ARYLAND	U.S	S.A.	WIDOWE	D NEVER A	ORCED	BALTIMORE City						
7	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			12a. USUAL O	CCUPATION	12b. KIND C	MD. OF BUSINESS OR			
1	В	ALTIMORE		SELUGAR		COITA	16	FORE!	OR MOST OF WORKING $VIAN$		HER BODY			
h	USUA	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)						MPANY			
	13e. S	90.000	NTY	CROWNSV		13d. INSIDE C	NO F	BOX	125	2103				
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1		TID ASTTZ	MIDDLE	KAISS			ARRIE		MIDDLE	SEH				
4	lán M	FRANK (AS DECEASED EVER IN U.S. A)	RMED FORCES?	166 SOCIAL SECUI	PITY NO	17 INFORMA			ADDRESS CI	LEN BURN				
I		ES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES	11.00				0 344 (7)			21061			
F	-	NO		216-01-2		HELEN	KAISS	, 9 MAGI	NOLIA AVI					
1		18 CAUSE OF DEATH (Enter D PART 1. DEATH WAS CAUS	FO DV			7:		Diament	2, 2	BETWEEN	ONSET AND DEATH			
1	6	IMMEDIA	TE CAUSE (a)	XSAHQU	UNA	HON	FROM	BUREDA	49 1414	C				
1		1007		R AS A CONSEQUE				7.03.	ALIEN	4				
ı	н	Canditians, if any, which	(b)_C	COLO- (LUT	ANEDU	3	FISTU.	LA					
1		cause (a), stating the	DUE TO, Q	RAS A CONSEQUE	NCE OF			00:	~-1					
ı		underlying cause last.	(c) P	RAS A CONSEQUE DST COL	00 K	ESECTI	00,2	CA.	COLOX					
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	TIE	0-2 11 18-1-	29 CA	KCMON	UA	0040	0,519		NOD	YES 🗌	NO 🗌			
1		210. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM I	18, PART 1 OR PART 2)				
ı	MEDICAL	OR CONTRIBUTING CAUSE OF DE	ALD I	M.	19									
I	ED	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ADAL ETC 1	21f. LOCATIO	N		CITY OR TOWN	COUNTY	STATE			
1	2	WHILE NOT WHILE AT WORK	(ATTIONE, ST	REET, FACTORT, OFFICE, FA	urm, Erc.j						01716			
ı		220.1 certify that (1) (this hasp	ital) attended th	e deceased fram_	7-2	24-79	., 19	, to	-11-79	. 19,	that (I) (we) last			
		saw the deceased alive as abave, (I) (we) (did) (did no	gt) view the body		, at	nd that in (my)	(aur) apinian	death accurred	an the date and h	haur and fram the	causes stated			
1		22b. SIGNATURE	ar, wew me bady	arra dearn.		DEGREE		1115		22c. DATE	SIGNED			
1		Ne	wers.				TTENDING PHYSICIAN [MEDICAL	STAFF PHYSICIAN	9-	12-79			
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT		400	22e ADDRES	S		11	.10				
		HERMINIO	r.A	NO, MID		Dor	, SE	cours	1405/2	i tel				
1	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c N	AME OF C	EMETERY OR C	REMATORY	23d. LOCAT	ION	COUNTY	STATE			

DHMH - 16 50M 7/77 (VR A 15 (4))

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24 FUNERAL DIRECTOR ADDRESS

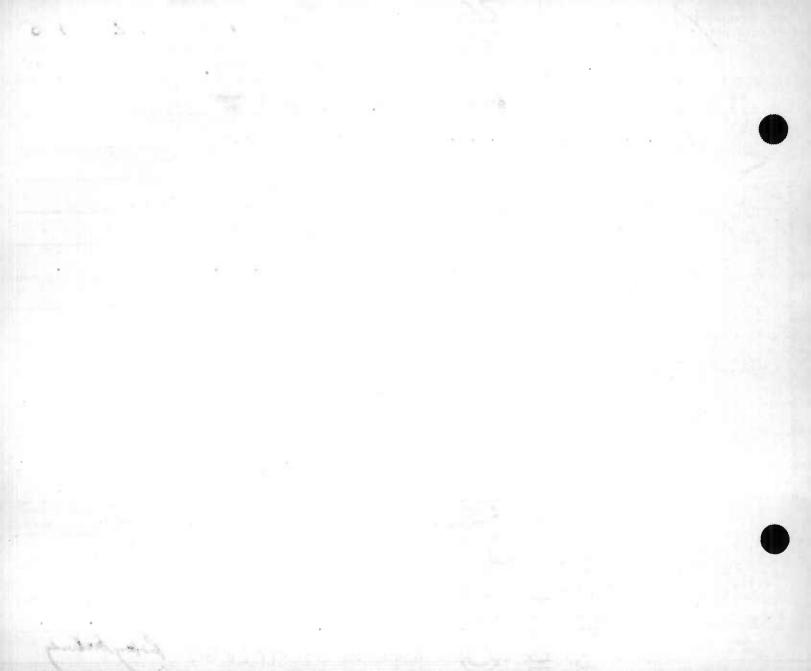
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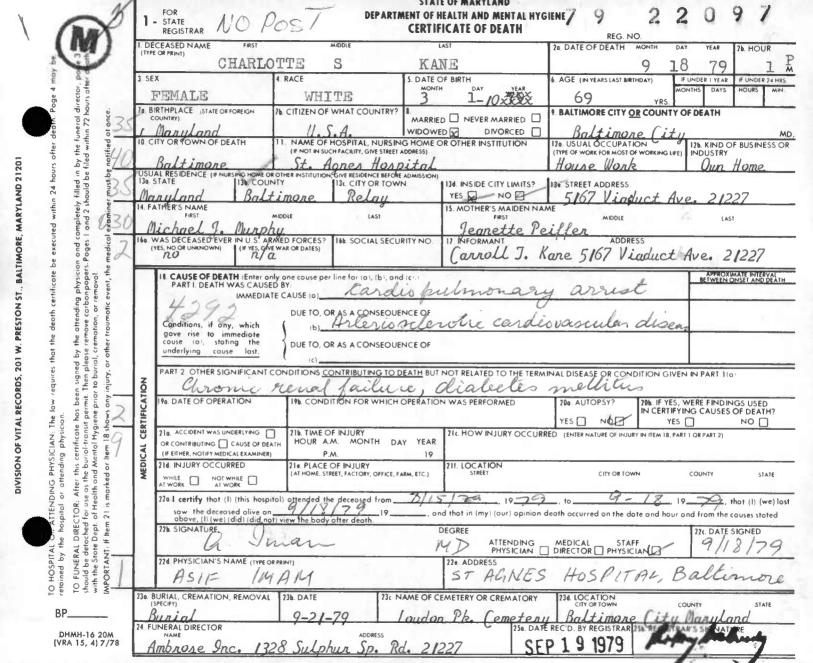
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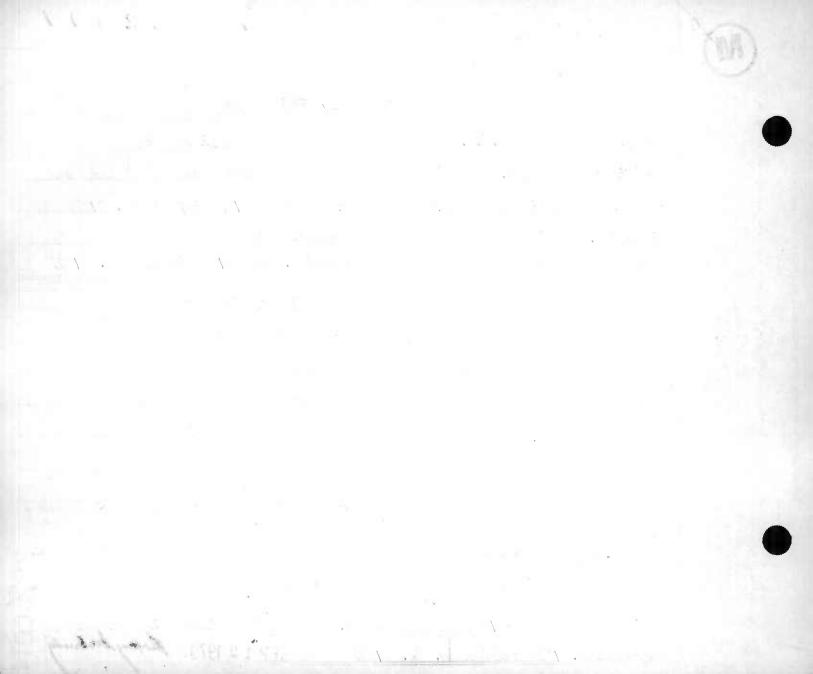
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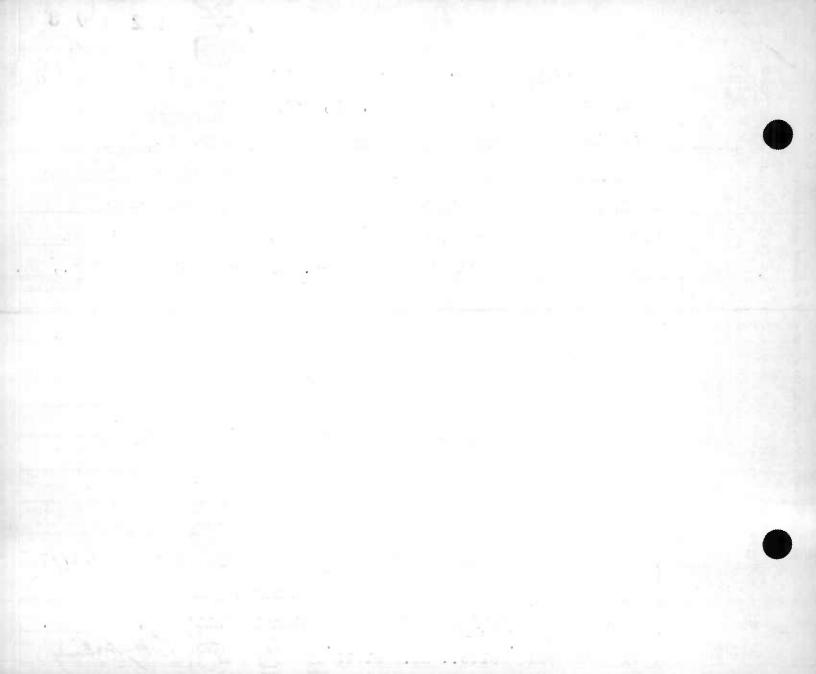
WOODLAWN
SEP 1 4 1979 WILKENS AVE. 4107 HUBBARD FUNERAL HOME.

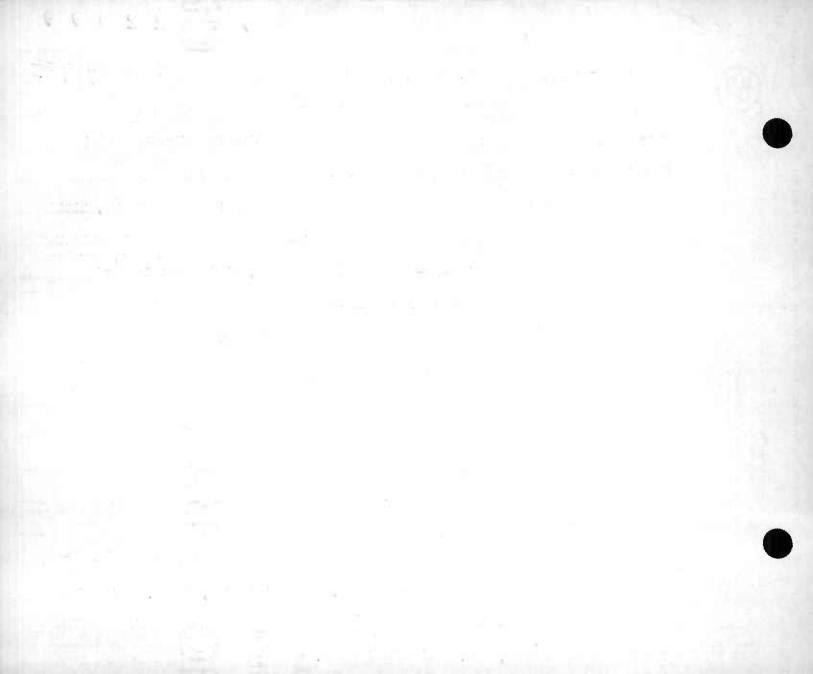
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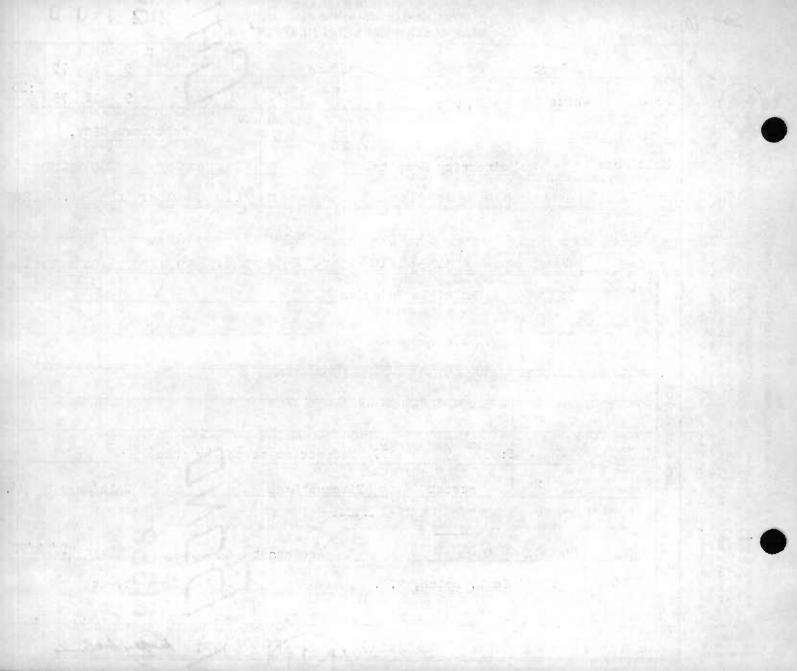






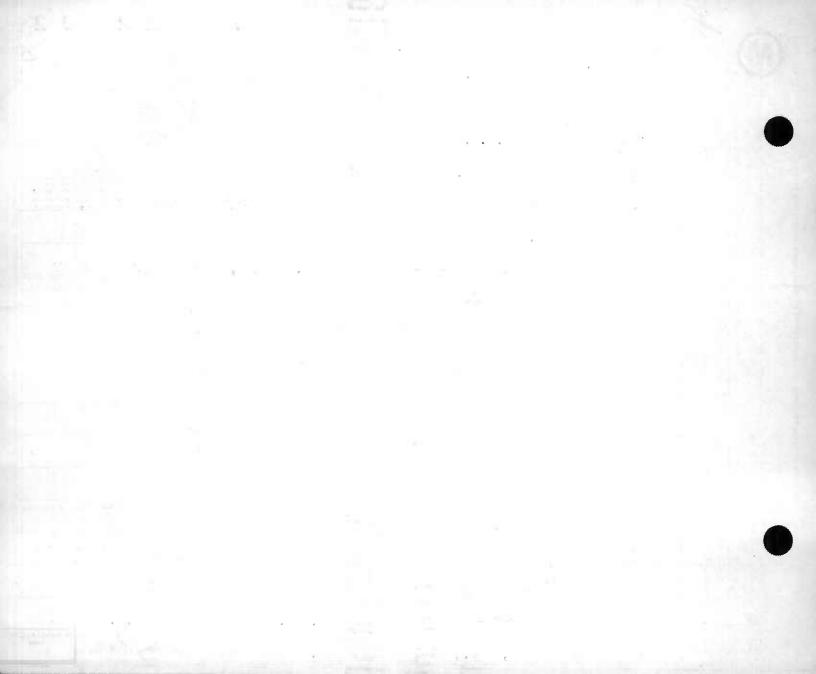






V	FOR STATE REGISTRAR		DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		2 2 REG. NO.	210	1
y be ige 3 deoth	1. DECEASED NAME (TYPE OR PRINT)	JOHN	A .	FAUFMAN	2a DATE O	DEATH MONTH	29 79	B 39
ge 4 mo	3. SEX MALE	4. RA	KUCKIAN	5. DATE OF BIRTH	EAD	EARS LAST BIRTHDAY) 79	MONTHS DAYS	IF UNDER 24 HRS
death.	COUNTRY)		TIZEN OF WHAT COUNTRY	MANDRIED NIEVED MANDR	IED 🗆	BALTIMOR	TY OF DEATH	MD
by the fulled with	BALTIM	JRE J	OUTH BALL		(TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING INIST. GE	G LIFE) INDUSTRY	BUSINESS OR
filled in rould be	USUAL RESIDENCE (IFN 130 STATE Maryland	IURSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE BEF 134. CITY OR TO Baltin	ore admission) WN 13d Inside City LI TWNE YES NO	MITS? 13e. STREET		+ Balta M	d
and 2 sh	14. FATHER'S NAME PREDRII	₩ MIODLE	- KAUPM	15. MOTHER'S MAI		WIDDLE	FISHE	CK
Pages 1	(YES, NO OR UNKNOWN)	ER IN U.S. ARMED F	DOATES.	-480 Katherine	Smith 37	ADDRESS 10th. S	+ Bb	
d by the ottending physicio lease remove carbonpopers: iol, cremotian, or removal. or other troumatic event, the	Conditions, if of gove rise to couse (a), strunderlying co	IMMEDIATE CAL	COUSE per line for (a), (b), c USE (a), USE TO, OR AS A CONSEO (b), USE TO, OR AS A CONSEO (c)	UENCE OF Car	diac s	she cle	APPROXIMA BETWEEN ON	ATE INTÉRVAL VISET AND DEATH
been signe mit. Then pl prior to bur ony injury, o	PART 2 OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS			DEATH BUT NOT RELATED TO T			GIVEN IN PART 1(0) YES, WERE FINDING	S LISED
hos ows	RTIFIC				YES 🗌	NO . IN CER	TIFYING CAUSES O	OF DEATH?
ficon trong 18 18	OR CONTRIBUTION	CAUSE OF DEATH	IB. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	OCCURRED (ENTER NA	TURE OF INJURY IN ITEM I	B, PART 1 OR PART 2)	
After this certing on the burial- olth and Mental marked or Item	(IF EITHER, NOTIFY ME 21d. INJURY OCCI WHILE NO AT WORK AT		e. PLACE OF INJURY NT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f. LOCATION STREET	-0	CITY OR TOWN	COUNTY	STATE
for use of Heolt	22a. I certify that sow the dece above, (1) (we	(I) (this hospital) at ased alive on) (did) (did not) view	tended the deceosed from 19 the body ofter death.	79 ond that in (my) (our)	opinion death occurre	d on the date and h		ot (1) (we) lost
AL DIREC detoched ote Dept. IT: If Item	22b. SIGNATURE	Khan	ez	DEGREE ATTEN PHYSI	DING MEDICAL	STAFF PHYSICIAN	22c. DATE SI	1 (79 miles
should be detoo with the Stote D IMPORTANT: If	22d. PHYSICIAN'S	NAME (TYPE OR PRINT)	FHIANEY,	224 ADDDESS	BALTIMORE		e morpey	FAL
\$ ≥ ₹	230 BURIAL, CREMATIO (SPECIFY) Burio		DATE 230	NAME OF CEMETERY OR CREM. edan Hill (emex		tion timore,	countedayla	und ^{state}
50M 1/76 5 (4))	24 FUNERAL DIRECTOR	neral Hom	e.130 E. Fort	Ave. Balto. Md.	250 DATE REC'D. BY R	GISTRAR 256	Any Activ	ada

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DEPARTMENT OF HEALTH AND MENTAL HYGUNE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH YEAR 26 HOUR ITYPE OR PRINTI 9 79 12:50P GEORGE KEENE JR. WILLIAM 3 SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR YEAR 4 DAYS 65 BLACK MALE To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY VIRGINIA IJ.S.A. BALTIMORE CITY WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY VA MEDICAL CENTER BALTO.MD. BALTIMORE W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 5507 BOWLEYS LANE 21216 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WILLIAM LÜCY AN IDDLE FITCH GEORGE KEENE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 5507 Bowleys Lane Corine Harvey YES WW II 225-05-6789 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 CONSEQUENCE OF arcinoma Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [YES the burial-tronsit ond Mental Hygie 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 2 ld. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION morked or AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220. I certify that (this hospital) attended the deceased from. AUGUST SEPTEMBER and that in (A) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on SEPTEMBER 5.

above XII (we) (did) XXXXX view the body after death. 22b. SIGNATUR DEGREE 22c DATE SIGNED + ATTENDING MEDICAL STAFF 9/5/79 DIRECTOR PHYSICIAN X MPORTANT 22e ADDRESS 22d PHYSICIAN THAME ITYPE OR PRINT ld b 3900 LOCH RAVEN BLVD. BALTO.MD. 21218 shoul with 230. BURIAL, CREMAMON, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h. DATE STATE BURTAL 9/10/79 MT. CALVARY CEM BALTIMORE MD. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REA STRAR'S SIGNATURE DHMH - 16 50M 1/76 1101 E. North Ave. (VR A 15 (4)) Wm. C. March F/H

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HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

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HOURS

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LAST

IF LINDER 24 HRS

STATE

MARYLAND

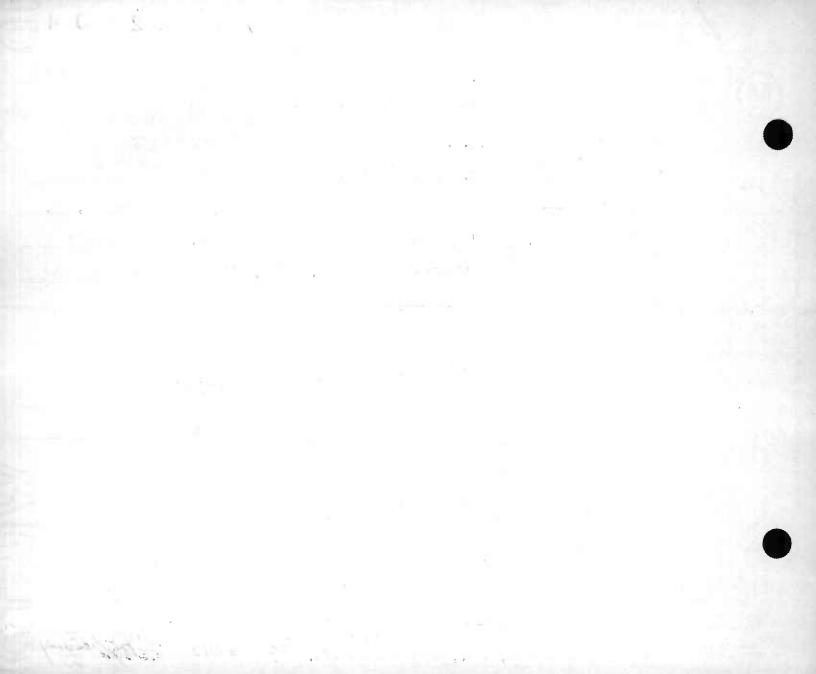
CERTIFICATE OF DEATH

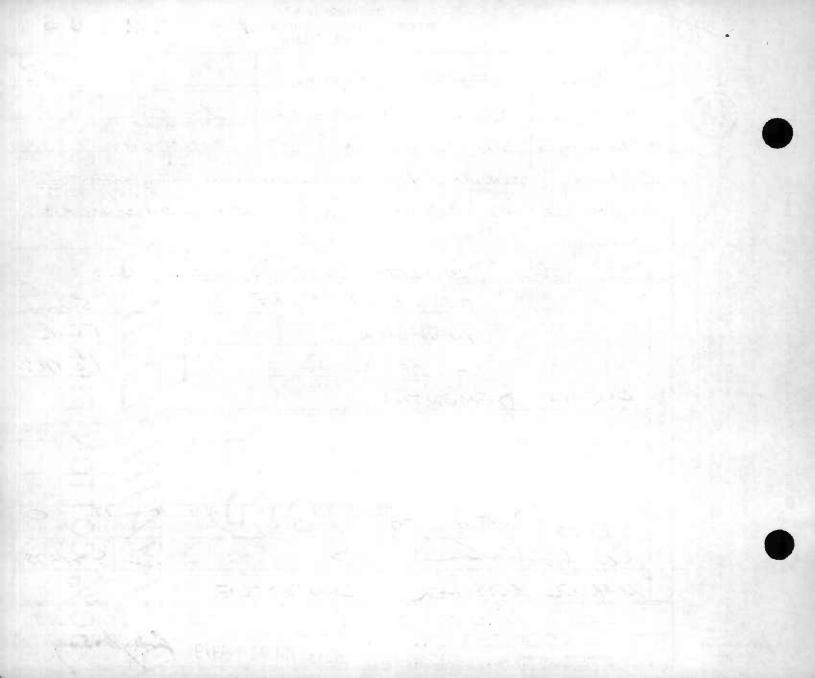
DIVISION OF VITAL RECORDS,

DHMH-16 20M (VRA 15, 4) 7/78 FOR

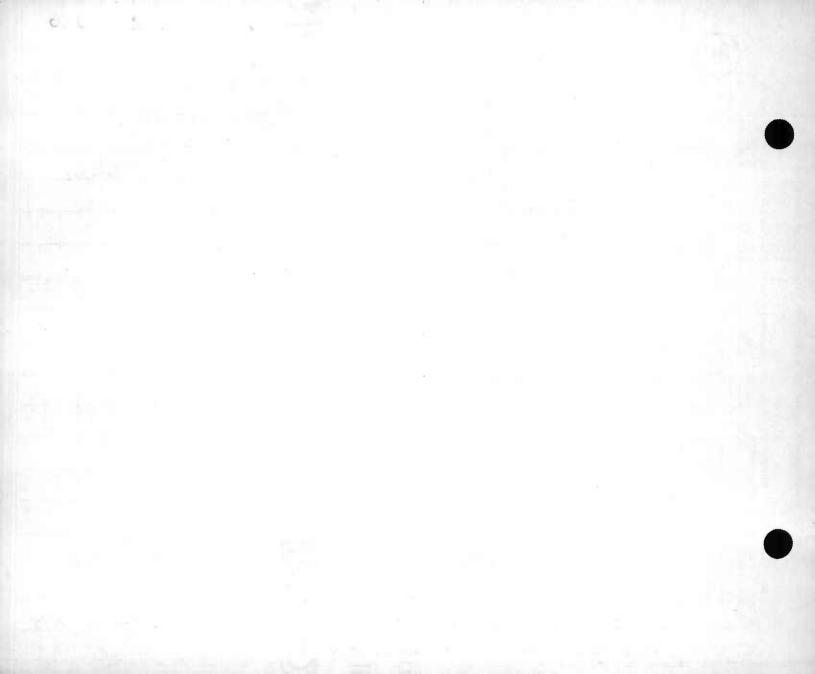
- STATE

REGISTRAR

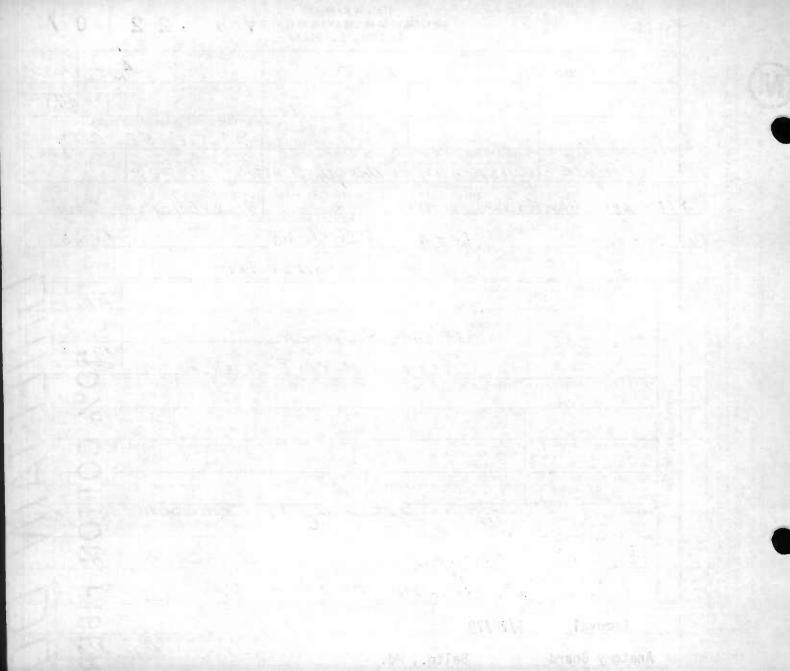




	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 9	2210	6
M III	ECEASED NAME ELIZEM	MIDDLE MICHELE	EKELLY	2e. DATE OF DEATH	MONTH DAY YEAR 76	HOUR
3 S	Female	Caucasim	S DATE OF BIRTH MONTH 9 15 45	6 AGE (IN YEARS LAST BIR		UNDER 24 HRS
Con 72	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		MORE CITY	M
filed within	Baltimore	11. NAME OF HÖSPITAL, NURSIN LIE NOT IN SUCH FACILITY, GIVE STREET.	GHOME OR OTHER INSTITUTION ADDRESS) Md. HUSpital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		USINESS OF
2 should be 130 130 130 130 130 130 130 130 130 130	Md. CAS	RROLL Westmin	SKY 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	ME	Taneytown Rd.	
one one	MICRAEL WAS DECEASED EVER IN U.S. AR 1YES, NO OR UNKNOWN) (IF YES, GIV	MIDDLE LAST RMED FORCES? 168 SOCIAL SECU TE WAR OR DATES! TO THE UNIX	RITY NO. 17 INFORMANT	bara // ADDRE	Miller Ess m Record	
signed by the attending physica Then please removed carbon papers no burial, cremation, or removal. njury, or ather traumatic event, the	Conditions, if Dny, which gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO BE	roginatory of	Parline	APPROXIMAT BETWEEN ONS!	
Mental Hygiene prior to I Mental Hygiene prior to I or Item 18 shows any injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?		USED DEATH?
buriol-fr buriol-fr or Hem I	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	ATH HOUR A.M. MONTH DA	19 21f LOCATION	RED (ENTER NATURE OF INJU		STATE
thed for use as the ept of Health o	WHILE AT WORK NOT WHITE WOR	ital) attended the deceased from	9/19/79 , 19 79 , and that in (my) (our) apinion DEGREE		ote and hour and from the cou	
should be detached it with the State Dept o	THE PHYSICIAN PHAME (TYPE OF A)	AM BAIG. MD	ATTENDING PHYSICIAN [PRESS ADDRESS ALWIN Md. Ho.	MEDICAL STA DIRECTOR PHYSIC P. Balto.		179
	BURIAL, CREMATION, REMOVAL (SPECIFY) FUNERAL DIRECTOR	10-1-79 S	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN THEY WAS	dson Cannoll 1256. REGISTRAR'S. SIGNATURE	mid
5, 4) 7/78	Robert Hyle Por	the by Woodesston	inster, met-	OCT 0 4 197	LIST REGISTRANS SIGNATURE	Creedy



			1-	FOR STATE	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH		2107
				REGISTRAR	WIDDLE	LAS		REG. NO.	DAY, YEAR 2b. HOUR
6	25 6			EASED NAME FIRST OR PRINT) BABY	BOY	KEI	VDIA	9	1579 11:30PM
1			3. SE)	MALE	4. RACE WHITE	5. DATE OF	BIRTH DAY YEAR 79	6. AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS MIN.
-	go and		7n BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	70/0 0	13	9 BALTIMORE CITY OR COUN	
	death. funeral	35	Mi	RYLAND	113A	WIDOWED			E CITY MD.
-	rs ofter dec by the fune filed within	S Stiffied	10 CI	ATIMORE	11. NAME OF HOSPITAL, NI UNI NOT IN SUCH FACILITY, GIVE UNI UELEIIT	URSING HOME OF STREET ADDRESS! U OF 171	10111111	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
D 2120	24 havrs filled in b auld be fi	State Pe	130.5	AL RESIDENCE (IF NURSING HOME C TATE 13h COU OFMLAND 7-PINC	INTY I I I I CITY OR	TOWN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS	plis Road
RYLAN	l within 2 pletely fi nd 2 sha	ominer n		THER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NAM	11 - 4 111111	Kedia.
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MORE	e execu	2	()	ES, NO OR UNKNOWN) (IF YES, GI	WE WAR OR DATES!	ONE	HOSPITAL CA	UPET	
ALTI	ficate b physicia papers. naval.	t, the		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T, 8	physicat an pap	event, th		PART I. DEATH WAS CAUS	ATE CAUSE (0) HYPO	XIA			8 hours
TONS	death ce attending ave carbi	fraumatic		769-	DUE TO, OR AS A CONS	SEQUENCE OF	EMORKHACI	£	8 hours
RES	e dec mave			Conditions, if any, which gove rise to immediate	(0)		MICHARA		AT BIRTH
3	by th	ather		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	INE ME	EMBRANE	DISEASE	23 hours
301	ires the gned b in pleas burial,	ŏ		PART 2. OTHER SIGNIFICANT				INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
RDS	of The	injury,	O	NONE				Lan II	YES, WERE FINDINGS USED
RECORDS	nas beer permit.	S any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATION	WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
¥	V. The lo ysician. cate has ansit per Hygiene	shows 7	RTE	NONE 21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	YES NO NET NATURE OF INJURY IN ITEM	YES NO 1
FVI	CIAN: The physicial physicial control of the physician control of the p	8 7		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTI				
DIVISION OF VIT	PHYSICIAN: The Landing physician. Tre this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene.	or Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY	19	21f. LOCATION	CITY OR TOWN	COUNTY STATE
VISIC	G PH attent	ked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITYORIOWN	COUNTY
٥	ATTENDING sspital or att CTOR: After d for use as t	30		220 L cartifu that (1) (this has	pital attended the deceased		n ber 15, 19 19	_ to September 1	1, 19 75, that (I (we) lost
	R ATTEN haspital RECTOR ned for u	21 is		sow the deceased alive obove, (I) we did due	n wiew the body ofter death			death occurred on the date and	
	OR he he borden		(- Hayanna	Fridberg 1	10	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	TO HOSPITAL retained by the TO FUNERAL should be detained with the State	ORTAN		22d PHYSICIANIS NAME ITYPE	PRIDZERG	MO	22. ADDRESS 22 S. GREA	ENEST, BALTI	MORE, MD
2	0 8 0 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	₹	23o	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
50	BP.T	nx.		Remova1	9/20/79				
	DHMH - 16 25A	1	24 F	UNERAL DIRECTOR	ADDR	ESS	25a. DAT	E REC'D. BY REGISTRAR 256. REC	
	(VR A 15 (4) 9/74		Anatomy Board	Balt	o., Md.	SE	P 2 5 1979 /	ifry McCresdy



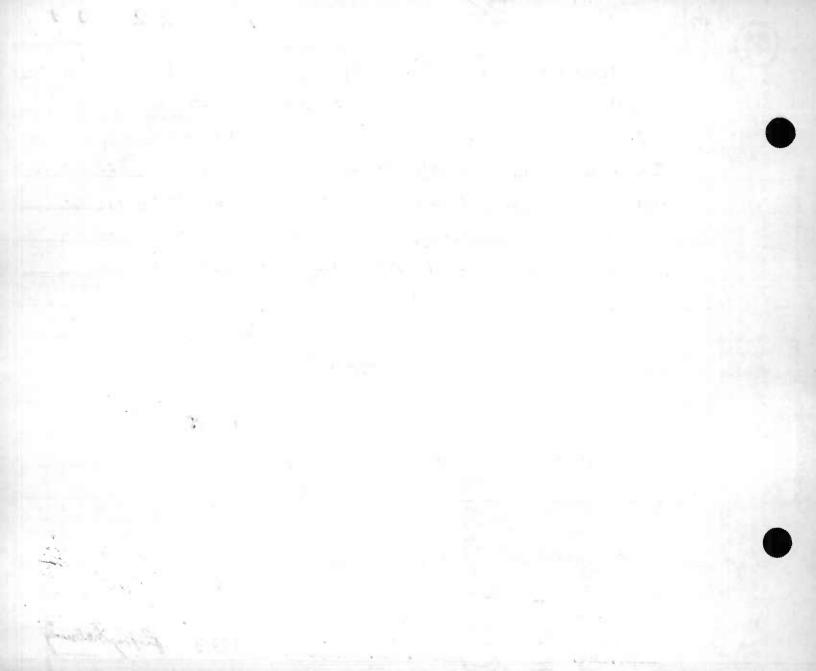


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL CONTINUE PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page etained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct. should be dejached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

DEP

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	9	2	2	1	0	0
CERTIFICATE OF DEATH	PEC	NO				

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
7		CEASED NAME FIRST	MODIE	LAST	76 DATE OF DEATH MON	NTH GAY YEAR 2h. HOUR
deoil		Walter	- H. M	ennedy	9	20 79 11:18AM
fter o	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAT	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
urs o		m	Caucasian	4 3 20	59	YRS.
2 P O		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH
hin 7	10.6	ra	U.S.A.	WIDOWED DNORCED	10 1 1 10 1	THE.
the day	1000	R / 1	11. NAME OF HOSPITAL, NURSING		17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
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should be	130	md las coul	Khown BelaiR	N 13d. INSIDE CITY LIMITS? YES □ NO 🏻	W - 41-	ckinley Ct
2 E	14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	A LAST
d wo	$oxed{}$	Albert	Kennedy			Andre
Poges medico	- (E WAR OR OATES)	11	ADDRESS	0
3. Po	7	res Ww	III 185-07-	7683 Hospital	Registration	Record
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ng phys conpop remova			TE CAUSE (0) ROS PIN	atony and cord	AC TAILURE	
endir n, or motie		0381	DUE TO, OR AS A CONSEQUE	// -/ // /	F 1 - 11	Irom, 4
move votio		Conditions, if any, which gove rise to immediate	(b)	Muje Kenal	FailurE, U	
se re cren		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF SEPUIS		
pleo prol.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MAIN AL DISEASE OF CONDITI	ONLOWEN IN PART 1/a
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ton. It permit iene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IB. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO NO
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ng ph	N N	(IF EITHER, NOTIFY MEDICAL EXAMINER	2/ / //	19 N/A		
ottendir ter this is the bu	MEDICAL	21d. IN JURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET N/A	CITY OR TOWN	COUNTY STATE
R: Af Use o Use o Iealt			ital) attended the deceased from_	7-3-79 19	, to 9-20	, 19 7 7 , that (1) (we) last
Spito CTO I for of h		sow the deceased alive or above, (j) (we) (did) (did no	9-20-79 19	, and that in (my) (our) opinio	n death occurred on the date o	and haur and from the causes stated
ched Ched Ched Ched		276. SIGNATURE	1 0.	DEGREE		22c. DATE SIGNED
A the lost of the LT: If		Kennels	CX. Jones	M. D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18 9.20.79
d be d be d be RTAR	V	274. PHYSICIAN'S NAME (TYPE C	OR PRINT)	220 ADDRESS BOX	7	0 11
should be de with the Store		NEWNETH	h. Jones M.		man M In	Daltomo VE
5 - 2, 2	23a	BURIAL, CREMATION, REMOVAL	, , ,	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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DHMH-16 20M	74 F	Schifflinek F	'uneral 9705 l	Belair Rd.	AJE REC'D BY REGISTRAR 256.	RES SINGLE COMPANY
(VRA 15, 4) 7/78		Home.Inc.	Balto	. Md. 21236 3	-1 - 1010	



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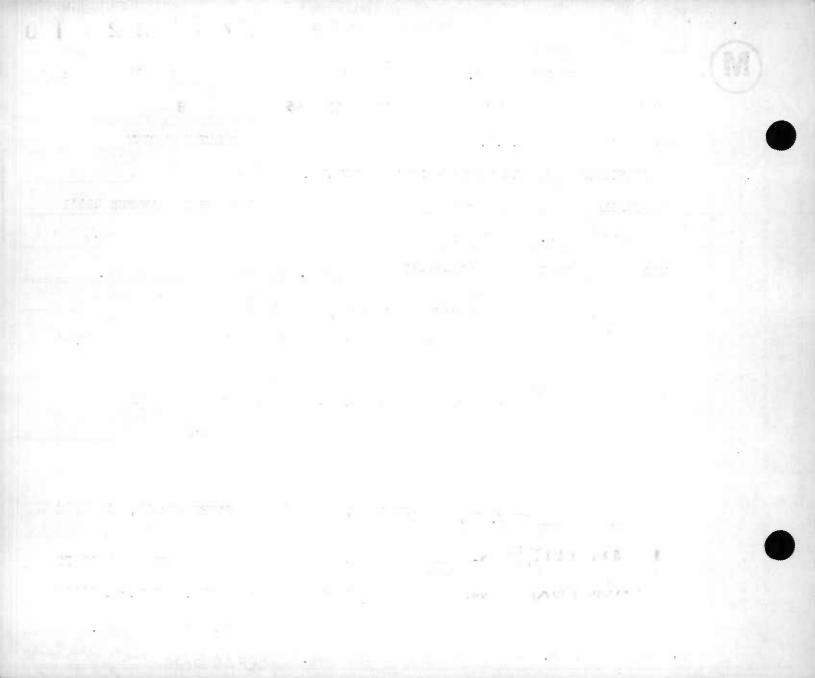
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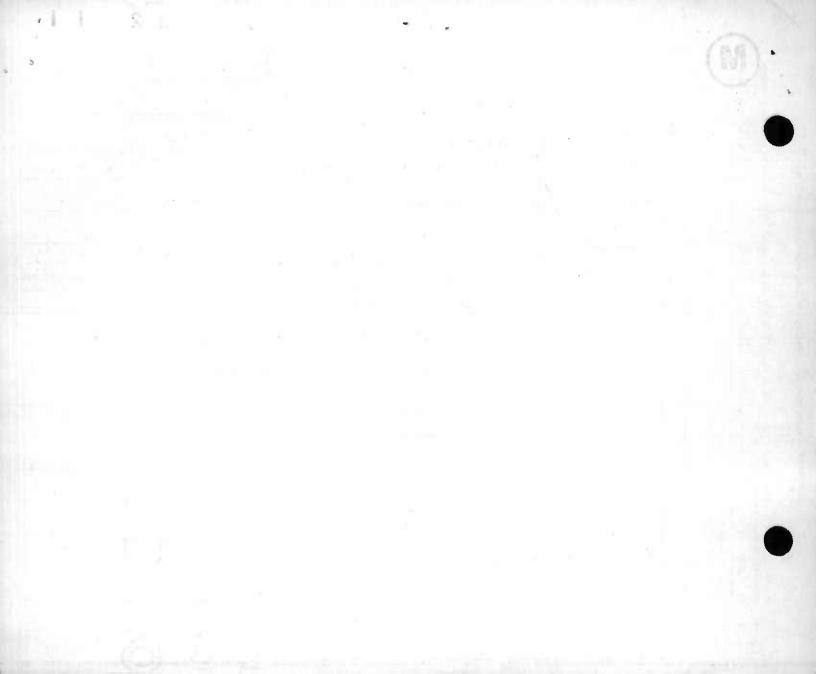
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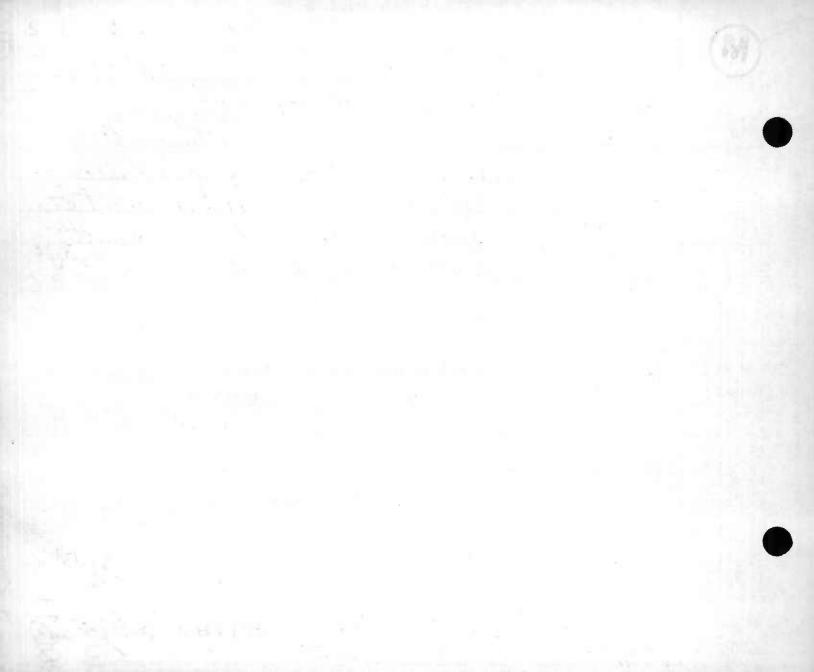
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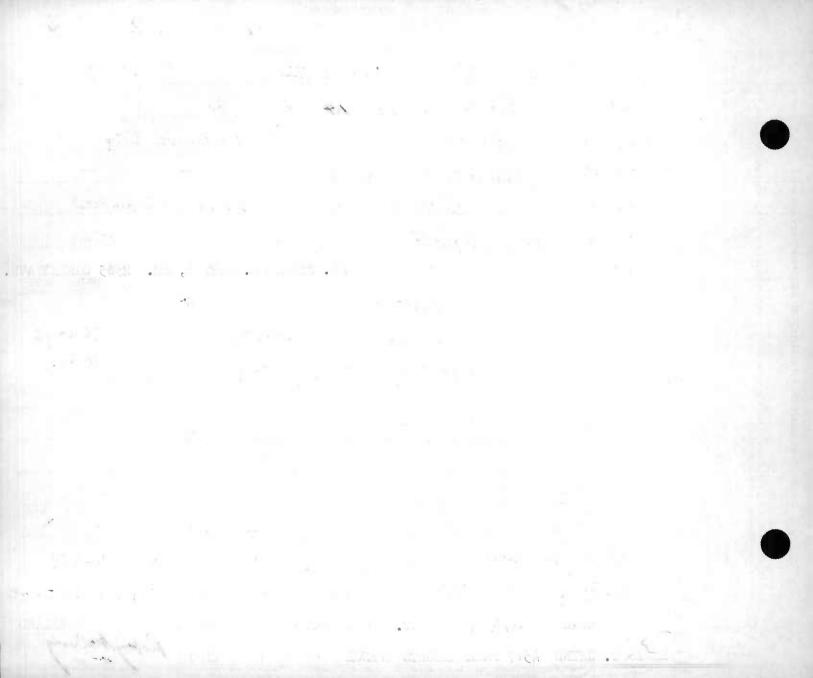
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Poges		CEASED EVER IN U.S	ARMED FORCES			17 INFORMAN	IT		ADDRESS				
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o buri		2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT			1	OR CONDITK	ON GIVEN	IN PART 110	3.1	
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Men or He	0	HER, NOTIFY MEDICAL EXAM		P.M. DE OF INJURY	19	211 LOCATION	4						
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mor		certify that 🎉 (this h	ospital) attended	the deseosed from_	-лих	26.	19 79	toSF	PTEMBE	R 179	79	that (IX(we) last	
21 is	(30	the deceased of bove the (we) (did) to	XXX	du after death	/9 , on	d that in (my) (c	our) opinion o	death occurred	on the date c	and hour on	d from the	couses stated	
tept Hen	22b. S	IGNATURE A	d-lide view pile 00	dy offer dearn.	[DEGREE				1	22t. DATE	SIGNED	
T: H		etin !	1115	m. ~			TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	OK X	9/17	7/79	
TAN	22d. P.	HYSICIAN'S NAME	YPE OR PRINT			22e ADDRESS				244	2/20	1111	
with the State		MORT	ON	MD		3900	LOCH	RAVEN E	LVD. B	ALTO.	MD. 2	1218	
5 3 ₹	23e. BURIAL	CREMATION, REMO	VAL 23b. DATE	23c	NAME OF CI	METERY OR CR		23d. LOCAT		COU		STATE	-
	Buri	al	9/20	/79 W	oodla	m Cemet	cerv	Bal	timore	cou	Md.	STATE	
-16 20M	NAME	LDIRECTOR		ADDRESS		oren and	25a. DATE	REC'D. BY RE		REGISTRAR		URE	
15, 4) 7/78	A. Ala	n Seitz,	Jr. Funer	al Home 3	818 Rc	land Av	re.	SED 2	1979	pro	fryl	Macroody	ı



	1.	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 9	2 2	1	1 1,
)	1 DE	CEASED NAME FIRST OR PRINT) Be	_	. KERS	-	AST	eptember 9		YEAR	2b. HOUR 1:30A
	3. SE	emale	4 RACE Whi	te	S. DATE C		6 AGE (IN YEARS LAST BIR)		UNDER I YEAR	IF UNDER 24 HRS
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e medico			. ARMED FORCES? , GIVE WAR OR DATES)	219-16-		Janet Keene	addre er	S1803 Balto	. MD	erg Av 2122 MATE INTERVAL DISSET AND DEATH
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duo smou	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYII YES	NG CAUSES	OF DEATH?
18 g	100	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)	
orked or	MEDICAL	216 INJURY OCCURRED WHILE DOT WHILE DAT WORK		REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOV	VN.	COUNTY	STATE
121 is m		22a I certify that (I) (this h saw the deceased alive above, (I)(we) (did) (di	aspital) attended the same sept. 9 and sept. 9	e deceased fram 2 19 alter death.		d that in (my) (aur) apinian c	to Sept. 9	nte and haur a		that (I) (we) las causes stated
- NG. II No.	1	226. SIGNATURE	Rosh	asıda	a W	ATTENDING PHYSICIAN	MEDICAL STAI		22. DATE	SIGNED
IMPORTANT	43	William	Ross D	Avidso	Mr.	Church	Hospita	(*	
-	(:	URIAL, CREMATION, REMO PECIFY) Burial	9/12	1/79 Ga		emetery or crematory s of Faith	23d LOCATION CITY OR TOWN Baltimo	re		state
20M 7/78		NERAL DIRECTOR Dud		Inchoress		250. DATE	P 1 0 1979	25b. REGISTRA		







PRESTON ST., BALTIMORE, MARYLAND 21201	
BALTIMORE,	
PRESTON ST.	
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DIVISION OF VITAL RECORDS, 201 W. PI	

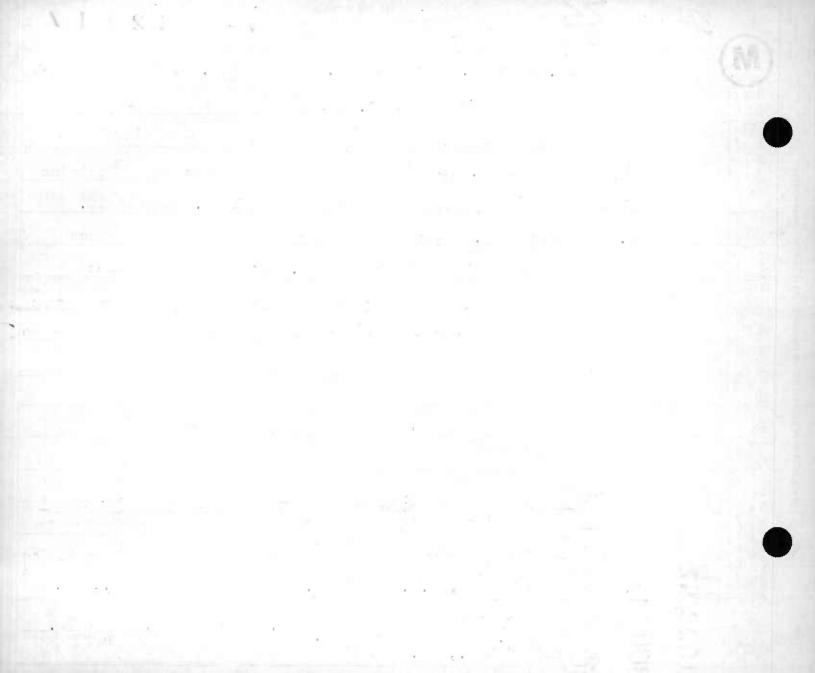
1	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE GIENE REG. NO	22114
74		CEASED NAME FIRST	HN L	Kier	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
M	3. SE	MALE	NEGROID	S DATE OF BIRTH MONTH DAY 12-26-1899	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35	C	OUNTRY) Mali	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	CITY	R COUNTY OF DEATH
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filled in hould be found to ho	13a. S	AL RESIDENCE (IF NURSING HOME OR 13b. COUN		N 13d INSIDE CITY LIMITS?		LORELAND AVE
ompletely ond 2 sh	14. FA	ATHER'S NAME FIRST Edwar	AIDOLE KIEF	15. MOTHER'S MAIDEN NA	elle MIDDLE	LAST
on and co		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	17 INFORMANT 6376 Teanett +	Hiller ADDRE	SAME
physicia npopers movol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per ne for al, (b), on BY: E CAUSE (o)	wi w		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e deoth cer ottending move corbo totion, or re troumotic e		2089 Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF		
s that the d		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF		
quire signe hen p to bu	NOI	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to</u>	<u>DEATH</u> BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
icion. te hos been sit permit. I giene prior shows ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
this certificate hos ne buriol-transit per nd Mental Hygiene dor Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	1.0.0	AY YEAR 19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
or ottendin After this c se os the bur solth ond Me morked or I	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
pitol TOR for u of He 21 is		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not	19	7 3 , 19	deoth occurred on the do	, 19, that (I) (we) lost are and hour and from the causes stated
y the hospy RAL DIREC detoched ore Dept AT: If Item		22b. SIGNATURE	m Larve	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 10/19
retoined by the should be det with the Stote		22d, PHYSICIAN'S NAME (TYPE OF	NER	1133 BL	ma we	- Rattery
BP	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 10-5-79 1	NAME OF CEMETERY OR CREMATORY H. AUBURN Cen		gounty STATE
H-16 50M 7/77 /R A 15 (4))	24 FI	ERMIN BAILE	1348 C	armoun St. 06	TE REC'D. BY REGISTRAR	256. RESISTRAR'S SIGNAPPIRE

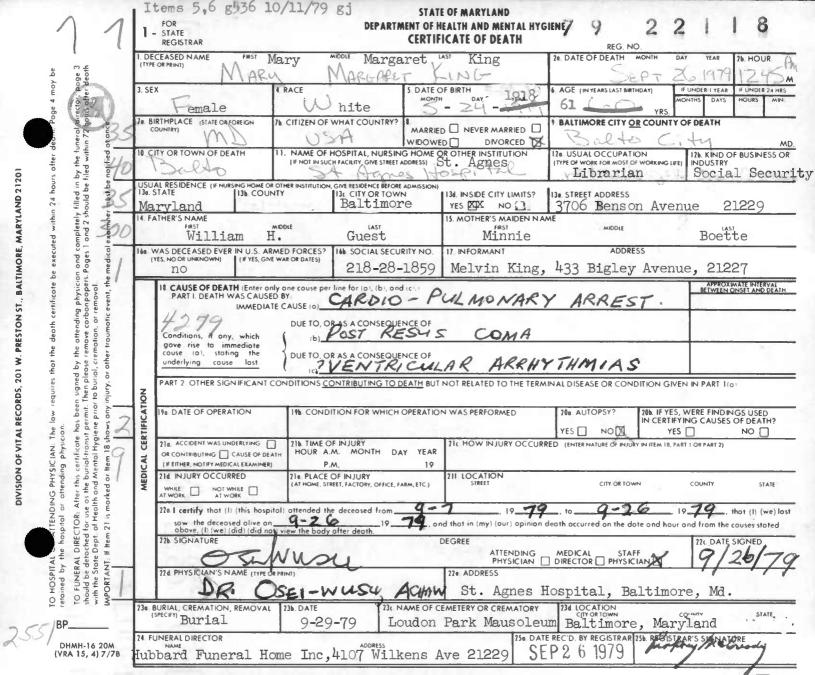
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Q.	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 2 1 1 CERTIFICATE OF DEATH								
		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	ı	AST	REG. NO 24. DATE OF DEATH	MONTH DAY		2b. HOUR	
y be		LOUIS		KIMME			9 21	79	12:20am	
3e 4 30	3 SE	MALE	4 RACE WHITE	5. DATE C	_	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
22 22 de 25	C	RTHPLACE (STATE OR FOREIGN DUNTRY) ARYTIAND	76 CITIZEN OF WHAT COUNTRY	MARRIE	NEVER MARRIED	BALTIMORE CITY O				
BALTIMORE TO	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	TADDRESS)	OR OTHER INSTITUTION	12a USDALIDS FURBING (TYPEOF WORK FOR WOST OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OYED LIFE)	12b. KIND C	OF BUSINESS OR TRACTOR	
illed in the ould be filled in the ould be f	USU. 13a. S M	AL RESIDENCE (IF NURSING HOME STATE 136, CO ARYLAND	E OR OTHER INSTITUTION, GIVE RESIDENCE REPO DUNTY 134 CHY OR LON	STOWN	13d INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 25 CHARRES	HILL RO		#21133	
E, MARYLA uthin uted within completely it and 2 should be adminent		THER'S NAME FIRST JOSEPH	MIDDLE LAST KIMMEL		15. MOTHER'S MAIDEN NA	RIEDA		MENTÊ	AAL	
be executed on ond comp	0		ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 216 05		17 INFORMANT MRS. 1043 KING V			TO., 1	MD 21228	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours r attending physician. When this certificate has been signed by the attending physician and completely filled in by os the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be fit this and Mental Hygiene prior to buriol, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examiner must be in	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
N: The low re hysician. Icote has been constructed permit. Hygiene prior 18 shows ony ii		19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY?	YES [NG CAUSES	NGS USED S OF DEATH? NO	
SION OF VITAL R. PHYSICIAN: The li- ending physicion. this certificote hos the buriol-tronsit per ad Mentol Hygiene do them 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. MONTH	19 FARM, ETC.)	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE	
he hospital or DIRECTOR: A coched for use Dept, of Heal		276. I certify that III (this hospital) attended the deceased from								
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store	-	Elasi	ty C. FOX		Loch Ray	rewV. A	. Hos	PPI	tal	
BP	(BURIAL, CREMATION, REMOVE SPECIFY) BURIAL	SEPT.24,1979	BETH	EMETERY OR CREMATORY TFILOH	BALTIMOI			YLAND	
DHMH-16 20M (VRA 15, 4) 7/78		INERAL DIRECTOR SOL L 1010 REISTERSTO	EVINSON & BROS.,	INC. MD	21215 SF	P 28 1979	25b. RESISTRA	R'S SIGNAT	Cready	

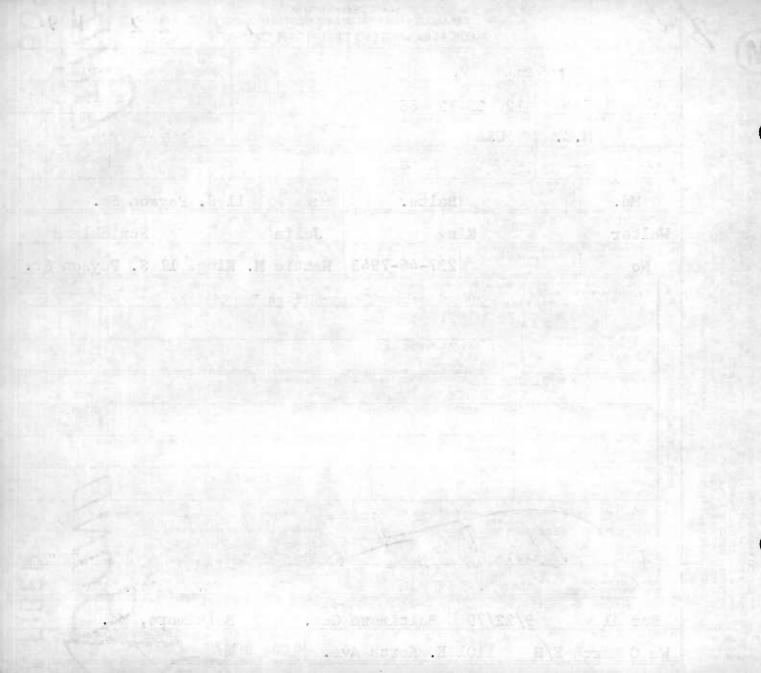
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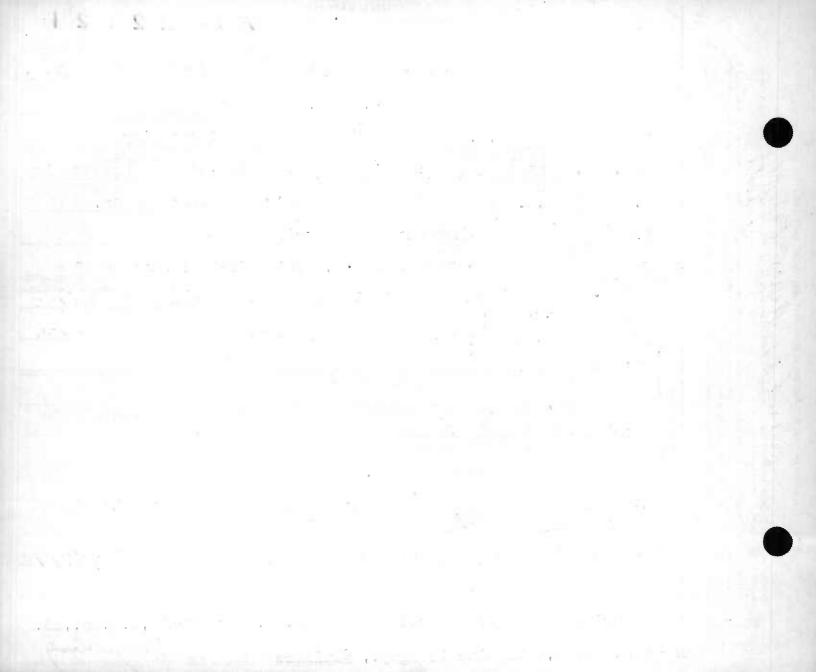
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) KIRBY AFCELINE 6-3. SEX IF UNDER I YEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR DAYS MIN HITE 1-EMAIT 23 23 76 CITIZEN OF WHAT COUNTRY? Ja. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY .5. Imore WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SECOLO OMEMAKER acken. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS g CLEMENT YES X NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME)arah MIDOLE MIDDLE LAST LAST JOSE PIJ = LLA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY - res Qua IMMEDIATE CAUSE PRESTON DUE TO OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse lost ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS, NO 0 IFICATI 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS BERKORNED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [NO Hygin 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 He 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220. | certify that (1) (this haspital) attended the deceased fro sow the deceased alive on and that in (my) (our) opinion death occurred on he date and hour and from the causes stated obove, (I) (we) (did) (did not) view the 22h. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF be deto e State DIRECTOR PHYSICIAN FUNERAL PHYSICIAN T ANT. 77e. ADDRESS old b IMPORT, ÷ Sho 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OR TOWN Then Durnie, A.A. O. Maraleno DUMAN 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 ully Funeral Home, 130 Fort Ave. Balto. Md. (VR A 15 (4))

AND THE RESERVE TO THE PARTY OF THE PROPERTY O all was the second of the seco THE RESERVE LINE OF THE PROPERTY OF THE PROPER tollow of the state of the stat The state of the s THE STATE OF THE PARTY OF THE STATE OF THE S TOP SHOULD HEALTH A TOP OF THE AND THE COLORS HE STORY 10 a miles 1 miles 1 miles 1 miles 1 8 1819 Physical y

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) 4 RACE 1. SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOURS White Male Dec. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED IN NEVER MARRIED COUNTRY) Maryland U.S. Baltimore City WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. Md. Balto ireman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13m_STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. 8106 West End Dr. A.A. Co NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Richard Kirchner Louisa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (IF YES, GIVE WAR OR DATES) Doris Kirchner same Mrs. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause to), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [YES [NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS PM 19 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that the (this hospital) attended the decoased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (++ (we) (did) to well view the body after death 22h. SIGNATU DEGREE 17r. DATE SIGNED ATTENDING . MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D FUNERA rould be di MPORTANI 234 PHYSICIAN IN AME OF OR 22e ADDRESS 0 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN STATE Burial Glen Haven Mem. Pk. Glen BP. Burnie. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATUR **DHMH-16 20M** (VRA 15, 4) 7/7 George J. Gonce, 4001 Ritchie Hgwy. Baltimbre



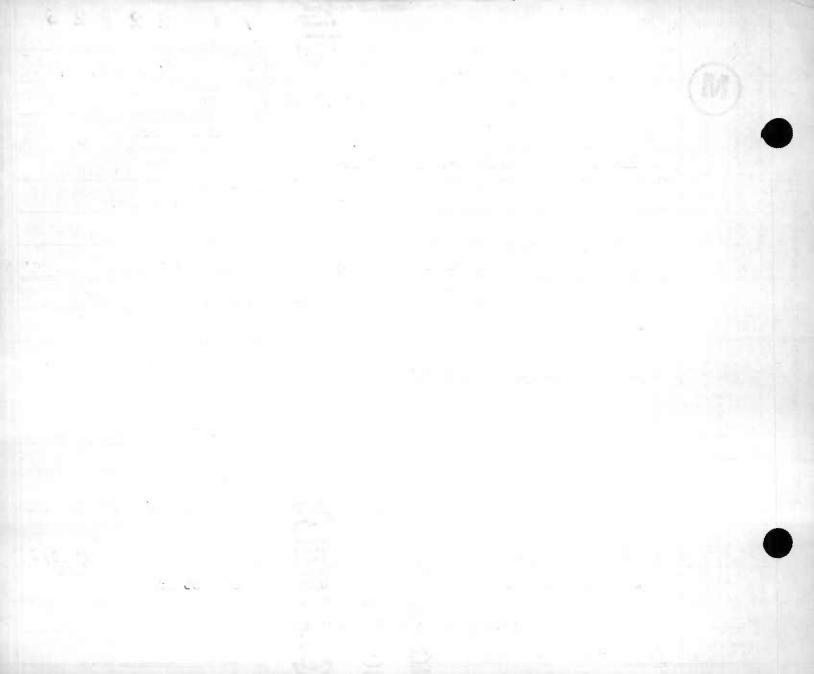
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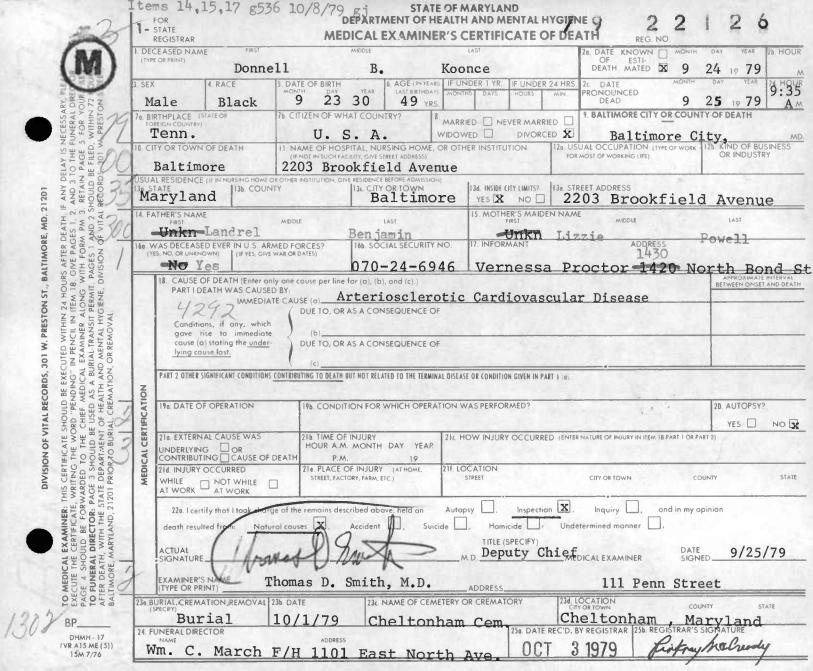
DEPARTMENT OF HEALTH AND MENTAL HYGIENE () - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN Zb. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 9 19 79 ERNEST KNIGHT 5 41 4R DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED male black DEAD 22 10 79 a M J BALTIMORE CITY OR COUNTY OF DEATH OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore Sinai Hospital 010 SUAL RESIDENCE (IF IN NURSI OF OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13e. STREET ADDRESS & 3d INSIDE CLTY LIMITS? NO . 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) nong APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g. DIVISION OF VITAL RECORDS, CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X NO. E DEPARTMENT (PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Autopsy 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry ond in my opinion ARYLAND. Notural couses Homicide Undetermined monner deoth resulted from: DIRECT TITLE (SPECIFY) ACTUAL TO FUNERAL DAFTER DEATH, BALTIMORE, M. SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell M.D. ADDRESS. 230, BURIAL, CREMATION, REMOVAL 235, DATE BP ISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** R A15 ME (5)1 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Carol A RACE IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR HOURS FEMALE WHITE 68 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland DIVORCED I NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY KANDICAPIED W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 5614 Summerfield Ave 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST Henry Roehner Marv ADDRESS Pasadena, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) 247 loth St. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), 1b), and ic teral Myocarda PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting DUE-TO-OR-AS A CONSEQUENCE OF underlying couse Pasco Lungs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIVISION OF VITAL RECORDS, CERTIFICATION 190. DATE OF OPERATION CONDITION FOR WHICH OPER WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? NO [Mentol Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 111. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from. sow the deceased alive on_ _, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b SIGNALIAR DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL MPORTANT DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b shoul with 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial Holy Cross Cem. Brooklyn, A.A.Co Md. 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 eorge J. Gonce, 4001 Ritchie Hg., Baltimore OCT (VR A 15 (4))

Ass. Englishmen Narwaret Milott - 2Wy 15th St. Birdal 10/1/79 Holy Drone Jest, Brooklyn, A.s.Co., Mail

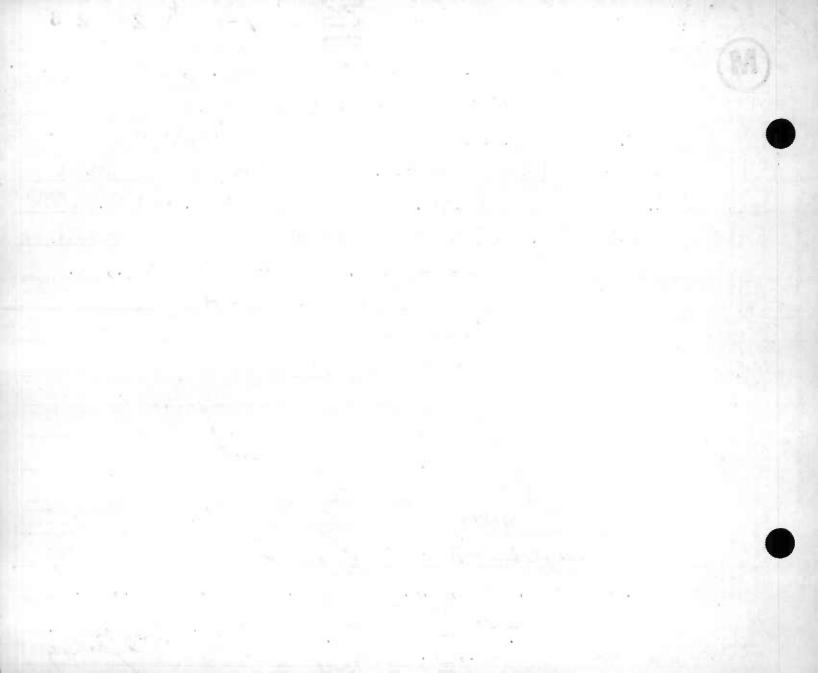




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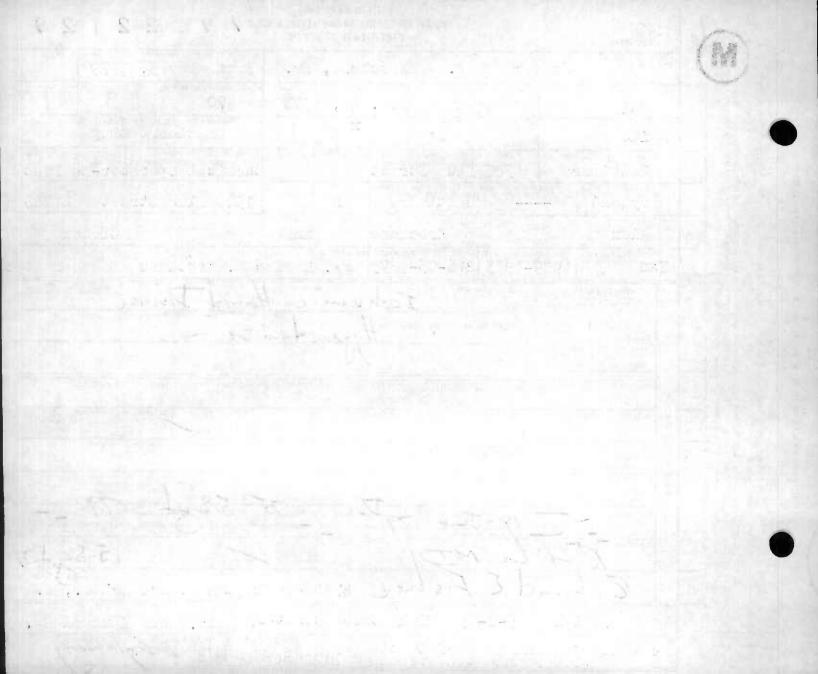
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME LAST 2g DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT EMIL KOUTEK 25 1:10P 3 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS CAUCASIAN 12 93 MAT.E. 86 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CZECHOSLOVAKIA U.S.A. WIDOWED DIVORCED | BALTIMORE CITY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) C'ABINETOSTMAKERE) 内包作及TL BALTIMORE VA MEDICAL CENTER BALTO.MD. MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) BL COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 811 N. CURLEY STREET 21205 YES K 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST KOUTEK JOHN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) MELVIN KOUTEK 500 SUSSEX RD. 213-09-7517 YES WW I APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BYiardiae avert 20 mm IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF phonusus Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause hackers (D), luo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DIVISION OF VITAL RECORDS, CERTIFICATION a 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? SUT Mental Hyg 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 197 P.M P 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 30000 220.1 certify thank (this haspital) attended the deceased from. SEPT SEPT SEPT and that in (M) (our) opinian death occurred on the date and hour and from the couses stated sow the deceased alive on SEPT. 23, obove, (we) (did) (XXXXIV) with body ofter death 22 SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN X 9/25/79 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be 3900 LOCH RAVEN BLVD. BALTO.MD. 21218 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 9/28 BURTAT MD. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) 211 Chesain

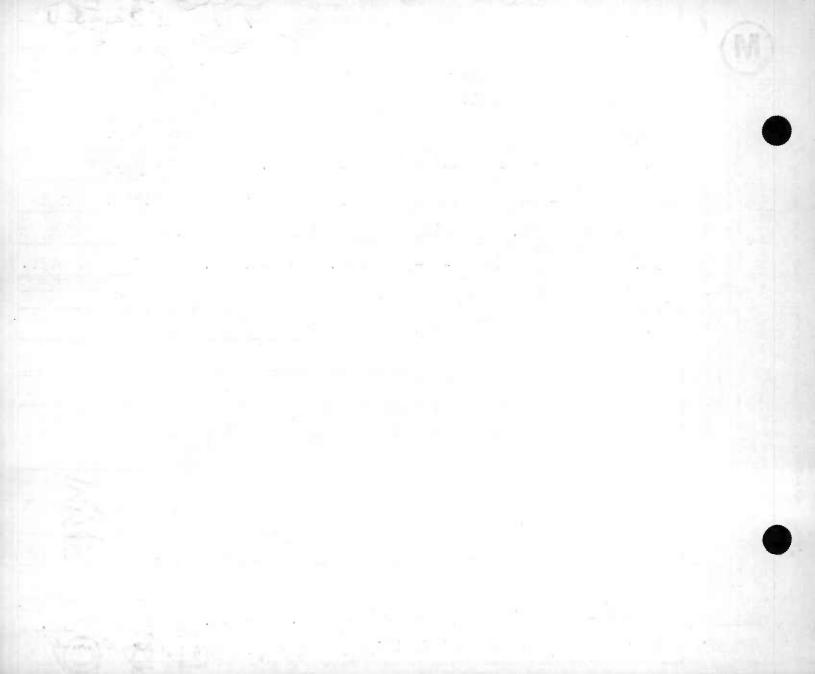
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4200 Pennington Avenue

(VR A 15 (4)) 9/74





10	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEVE 9 2 1 3 1 REGISTRAR CERTIFICATE OF DEATH REG. NO.						
(M)		CEASED NAME FIRST RAYMONI		RUS		SMAN	Sept. 21	1979 6:55 P
ge 4 moy setor, pag	3. SE	Male	4. RACE Whi	te	5 DATE O	5, DAY 1924	6. AGE (IN YEARS LAST BIRTHO	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
leath. Pag	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY	/? 8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR Baltimor	COUNTY OF DEATH
d with		altimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 4614 Parkton Street		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Foreman 126/VIND OF BUSINESS OR INDUSTRY Sheet Metal			
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completely 1 and 2 sh	14 FA	ATHER'S NAME FIRST	MPDLE	Kunsma	n	15. MOTHER'S MAIDEN NA Eleanor	MIDOLE	Kaĥler
BALTIMORE, one be execut to be execut to press. Pages 1 vol. 1, the medical	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? /E WAR OR DATES)	217-1		Dorothy K	ADDRESS	same as above
201 W. PRESTON ST., res that the death certificates by the attending phy please remove carbon pound, cremoton, or remoy, or other traumatic even	NO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Gover rise to immediate couse (o), staring the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)						
RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Y ZA SET 8	MEDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.	M. MONTH M.	DAY YEAR		RRED (ENTER NATURE OF INJURY I	IN ITEM 18, PART I OR PART 2)
DIVISION OF DING PHYSICIA or attending p After this certifice as the buriol- olth and Menta	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	21f, LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pital or TOR: A far use of Heal		220.1 certify that (I) (this hasp saw the deceased alive a above. (I) (we (did) fill a	912	L V X Thomas		d rhat in (rhy) (our) opinion	death occurred on the date	e and hour and from the causes stated
by the hosp the hosp the hosp the hosp the hosp the hosp that DIREC endetoched Store Dept.		27% SIGNATURE	1/2	oppi	no	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED 9/24/79
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined to with the Store I		Herbert W.	Lapp M			4804 Fred	erich Aven	ue
254/ BP	Č	SURIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE 9/24/			ew Cemeter		ille, Balto Md.
DHMH - 16 50M 1/76 (VR A 15 (4))		Raymond C. Fi	.nk	Glen	Burnie	250. DA	TE REC'D. BY REGISTRAR 25 EP 2 4 1979	b. REGISTRAR'S SIGNATURE

THE RESERVE 3 and the stitute of the state of Chemis horistas Mis modelski e zonaošii usvišnike Transfer to the second of the The addition application of the state of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH I DECEASED NAME 26 HOUR (TYPE OR PRINT) MADELINE LACEY SEPTEMBER 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Female White 1903 Mav TO BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Penna. BALTIMORE CITY WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE INDUSTRY Balto. JOHNS HOPKINS Home HOSPITAL USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 131. CITYOR JOWN 130 STATE Md. Balto. 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 100 N. Rose St YES X NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Louis MIDDLE LAST FIRST MIDDLE LAST Andv Margitza Marv ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT WE OUT IYES. NO OR UNKNOWNI Mildred Niemiec (sister) same address no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and ic PART I. DEATH WAS CAUSED BY IRdiopulmonary MINUTE. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Shock cidosis and Conditions, if ony, which other gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause Overwhelming PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NO CERTIFICAT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES X NOF YES T urial-transit p Mental Hygie 18 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH / DAY YEAR OR CONTRIBUTING A CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FAINMETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK 0 22e.1 certify that (I) (this haspital) attended the deceased from sow the deceased-alive on. and that in (my) (aur) apinion death accurred on the date and haur and from the couses stated above, (1) (we) (did) (did nat) view the bady ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Should be with the S oors 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN COUNTY Burial Calvary Cemetery Cleveland Ohio 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE Funeral 3331 Brehms Lane **DHMH-16 25M** SEP28 (VRA 15, 4) 1/79 Home. Inc Ralto, Md 21213

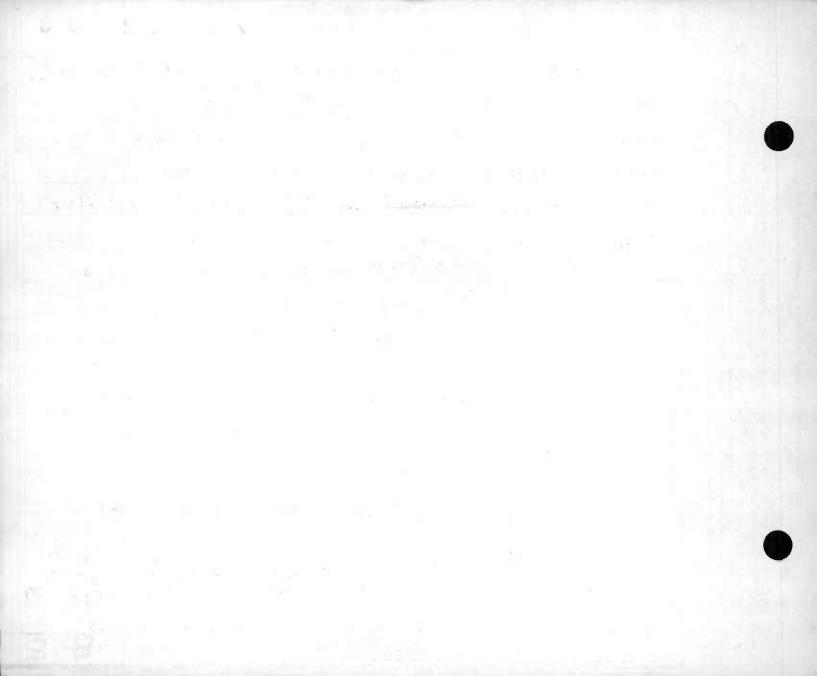
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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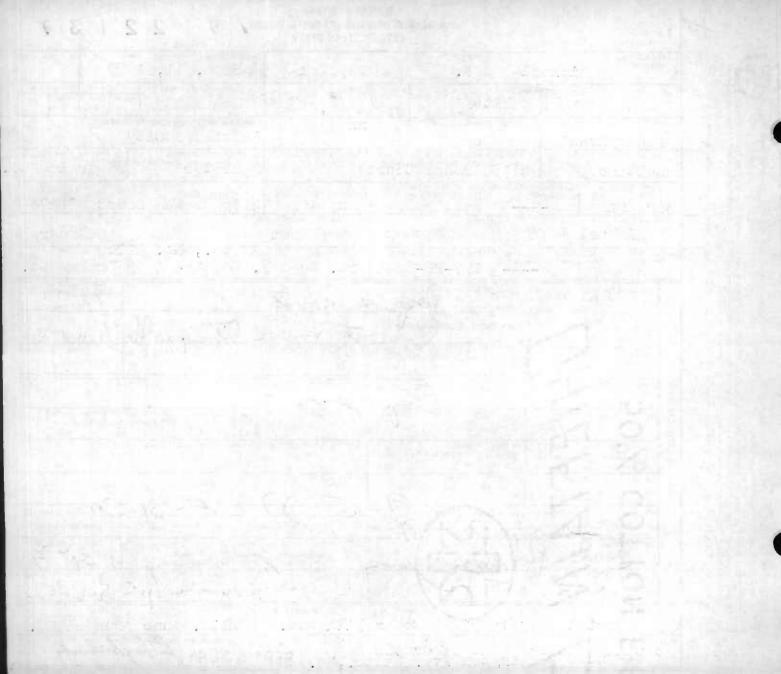
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Jeanh N	70. BIRTHPLACE (ISTATE OR FORE	Th CHIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED (WIDOWED DIVORCED (- BAIT	DR COUNTY OF DEATH	✓ MD.
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MARYLL ed withir mpletely and 2 sh examine	HATHER'S NAME	MIDDLE LAST	ky Emma	NAME	Lawso	Din .
be execut but and co	160 WAS DECEASED EVER IN	FYES, GIVE WAR OR DATES)	-8302 Hattie, Ma	e Lanley	2407 W. No	orth Ave
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N OF VI	216. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED	SE OF DEATH HOUR A.M. MONTH XAMINER) P.M. 21e PLACE OF INJURY	DAY YEAR 19 211, LOCATION	URRED (ENTER NATURE OF INJU		
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	23a BURIAL, CREMATION, RE	MOVAL 23b. DATE 10/2/79	23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE
503 BP	Burial 24 FUNERAL DIRECTOR	10/2/19	Arbutus Mem. Pk.	Arbutus,	Md . 25b. REGISTRAR'S SIGNATI	URF
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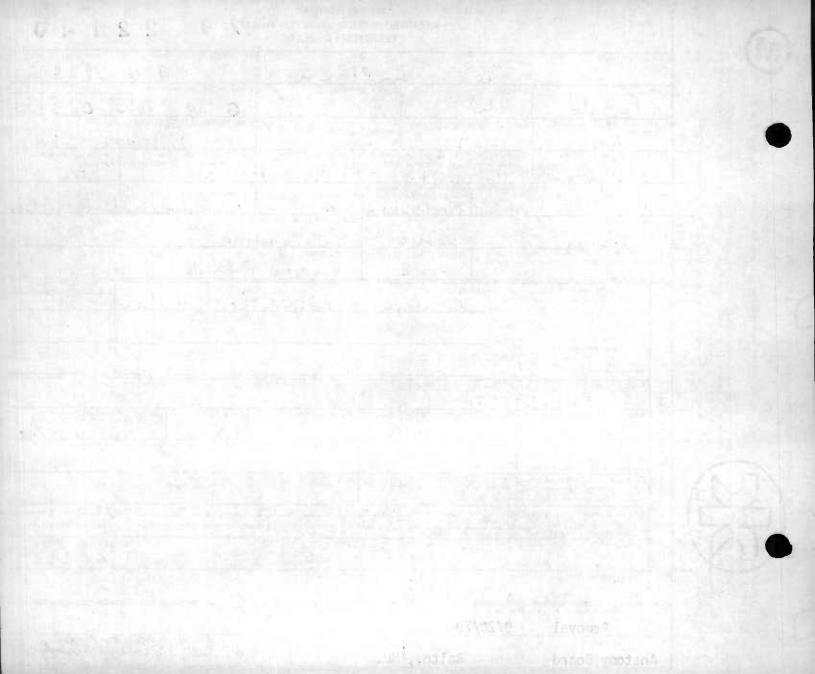
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(VR A 15 (4)) 9/74



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2h HOUR ITYPE OR PRINTS TRGEN AYMOND Sperry S:10 P. 4 RACE IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR DAYS HOURS. ALI CASIAN 16 YPS 7a. BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED VIRGINIA WIDOWED DIVORCED | TIMORE ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TIMORE, MO Electrician USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 134. INSIDE CITY LIMITS? CURLEY ALTIMORE NO [4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Aut etti SUN MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Largent) IYES, NO OR UNKNOWN MARINES MARINES ES PATIEN Curley St. #21205 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY SPIRATORY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF METASTASES Canditions, if any, which monary gove rise to immediate (a), stoting DUE TO, OR AS A CONSEQUENCE OF OF LEFT COLON underlying cause lost MOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO DIVISION OF VITAL YES [NO I and Mental Hygi 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER PM 19 0 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 220. | certify that (II (this hospital) attended the deceased from 29/7 sow the deceased alive on and that in (my) (our) opinion death occurred an the date and hour and from the couses stated above (H-live) (did) (did not) view the body after death Dept. 17h SIGNALUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME ITTE CHEMIN 22e ADDRESS ould b £ 0 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial Baltimore, Maryland Gardens of Faith 10/3/79 250 DATE REC'D. BY REGISTRAR 250. B "Schimunek Funeral Home portinc. **DHMH-16 20M** (VRA 15, 4) 7/78 3331 Brehms Lane, Balto, Md. 21213

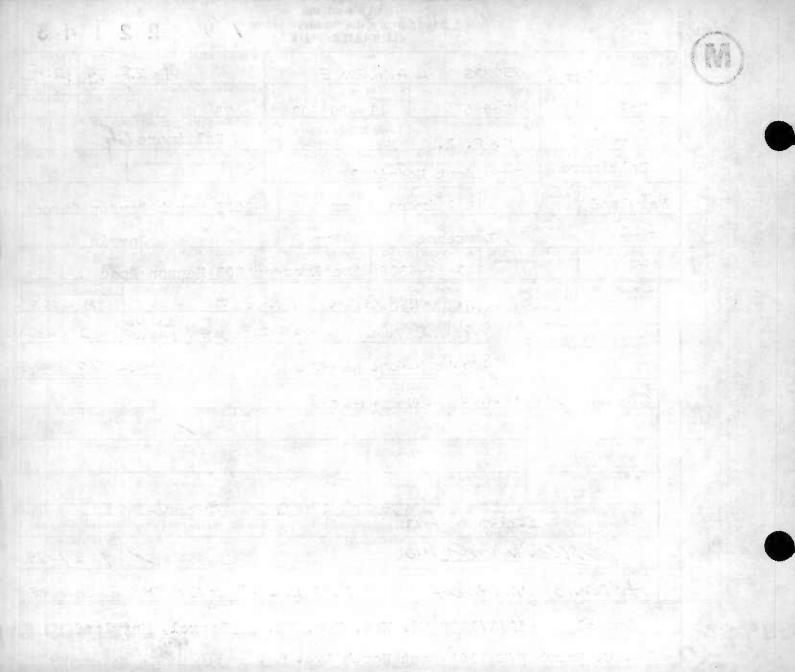
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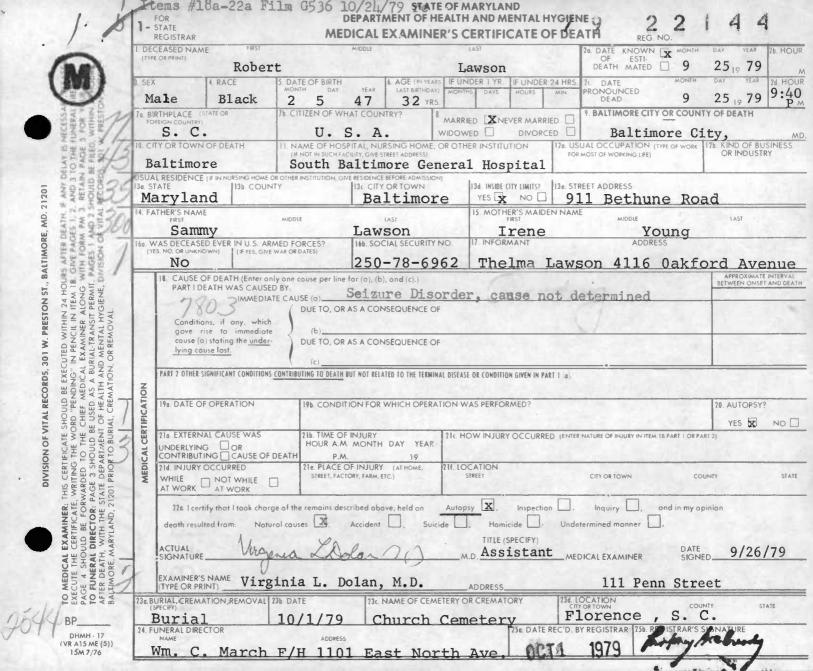
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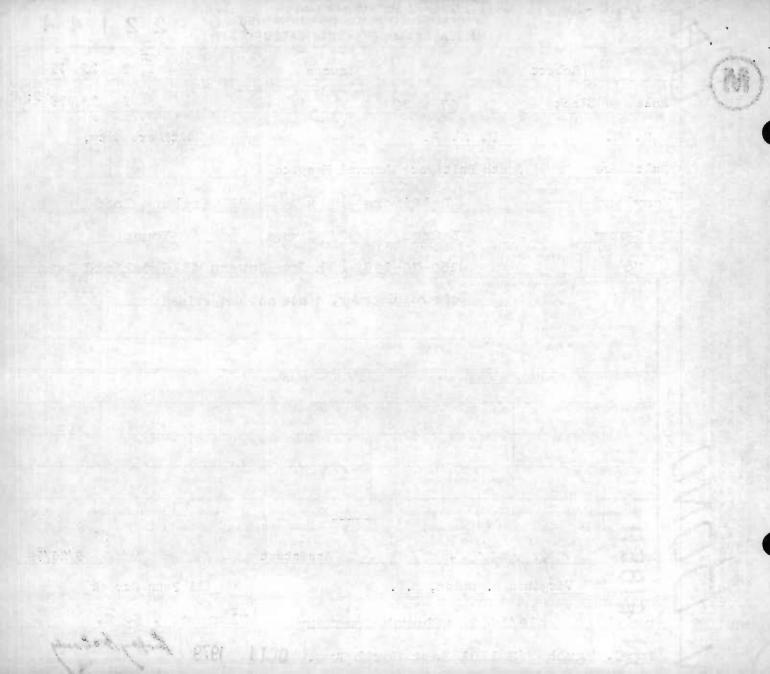
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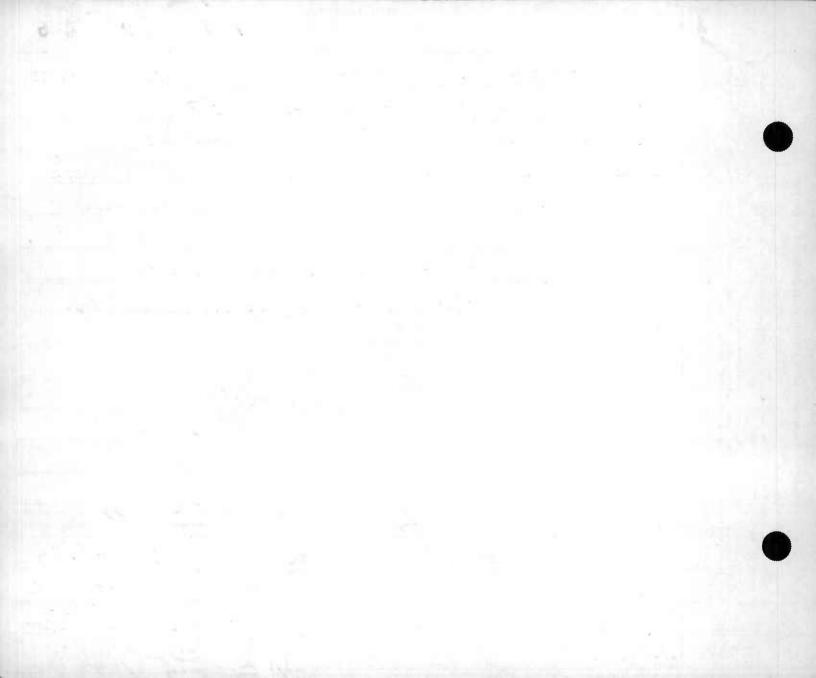




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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST



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should be detoched for use as the bur with the State Dept of Health and Me IMPORTANT: 0 DHMH-16 20M {VRA 15, 4} 7/78

FUNERAL DIRECTOR

FUNERAL DIRECTOR

THE ANYSICIAN'S NAME (TYPE OF PRINT)

William Kincaid, M.D. 23a. BURIAL, CREMATION, REMOVAL 236. DATE

c/o Maryland 231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

ATTENDING

PHYSICIAN

General Hospital 23d LOCATION

MEDICAL STAFF

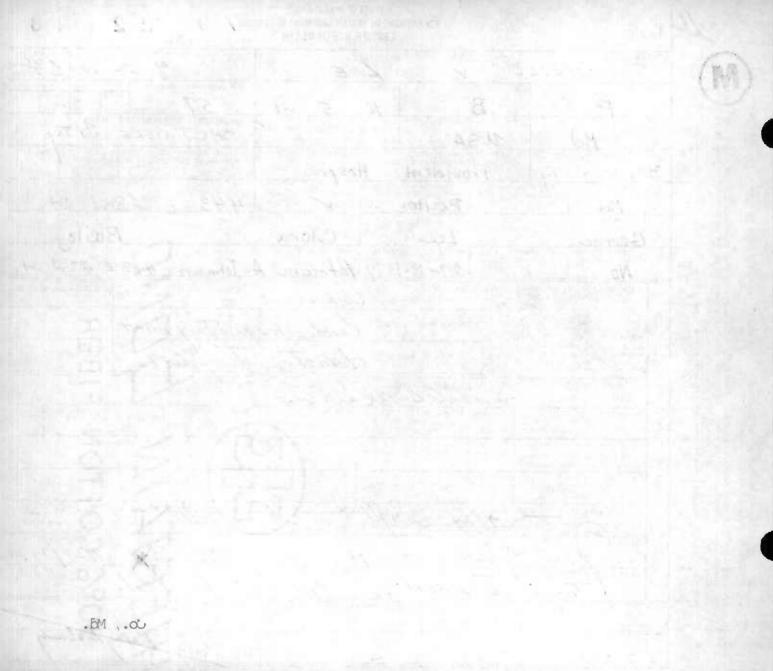
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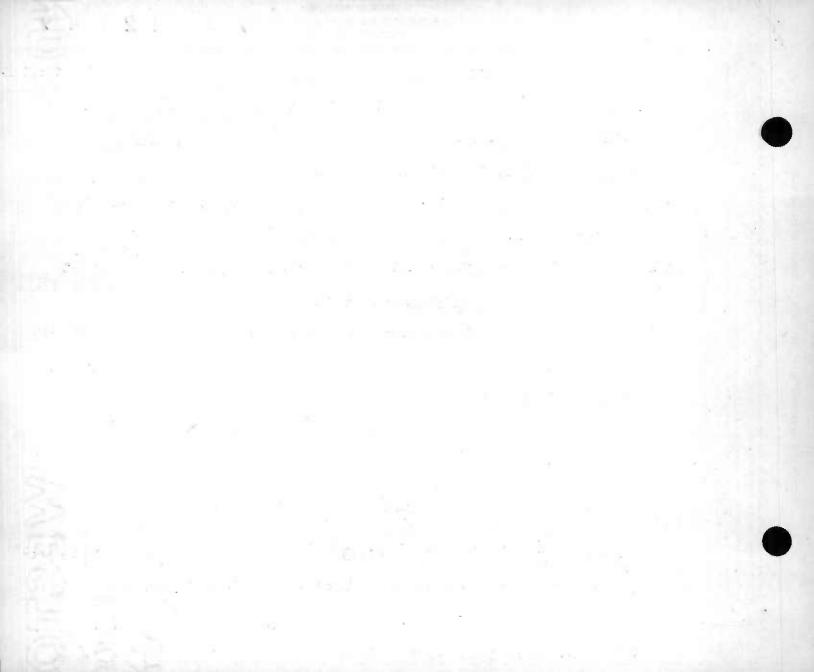
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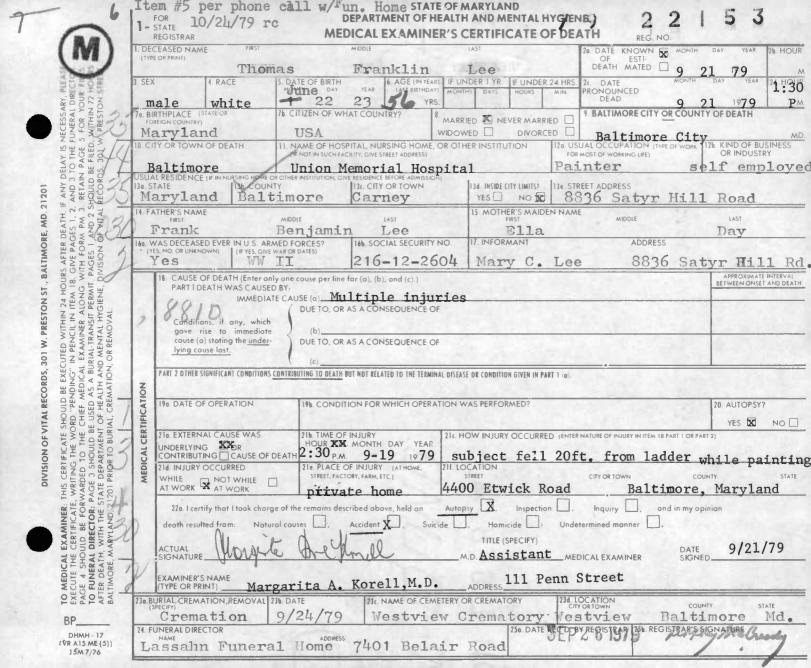
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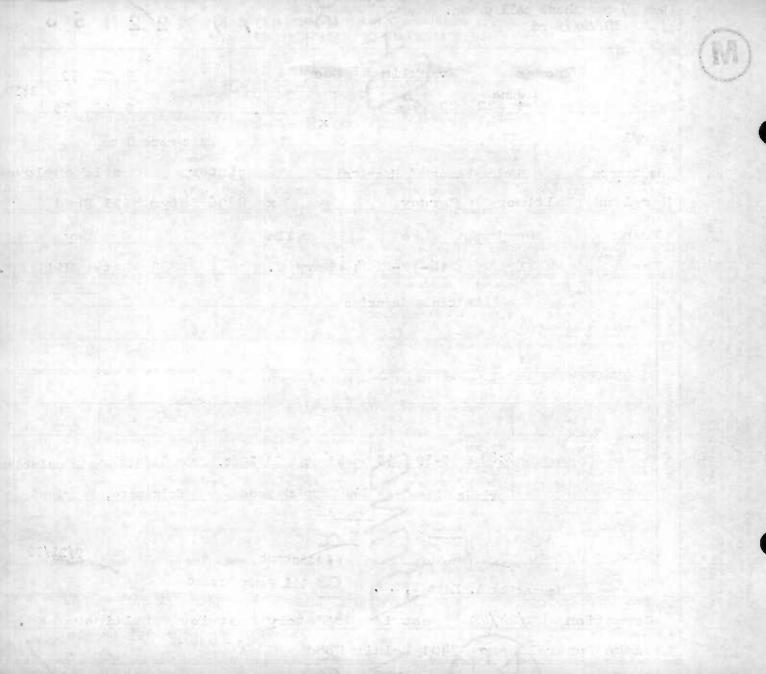


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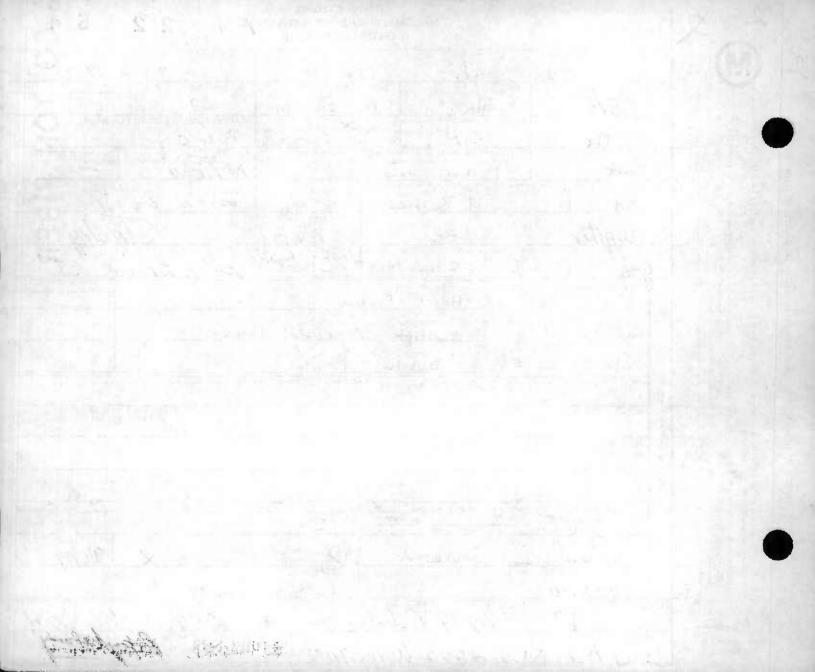
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1		-		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
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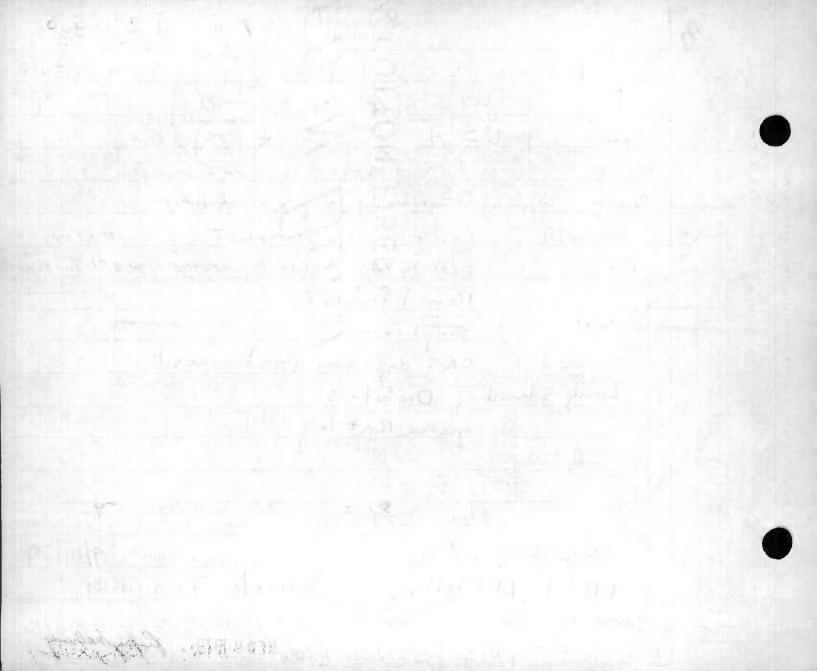


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	No.												T. B. T.
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9	Ę								YES TO NOT		YES	CAUSES	OF DEATH?
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-1		above, (1) (we) (a	did) (did nat	lew the bady	ofter death.	. 17		(aur) apinian (death accurred an the	aate and h			
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		LAURENCE	R. GA	LLAGER	, M.D.		3455	WILKEN	S AVENUE,	BALTI	MORE	, MD	. 21229
£	23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE		23¢ NAME O	CEMETERY OR		23d. LOCATION CITY OR TOWN		COUNT		STATE
	(BURIAL		09-18	-79	LAKE V	IEW MEM.	PK.	SYKESVII	LE C	ARRO		MD.
	24. FL	INERAL DIRECTOR			ADDR	ESS	21229	25a. DATE	REC'D. BY REGISTR.	AR 251 F	STUARS		ready
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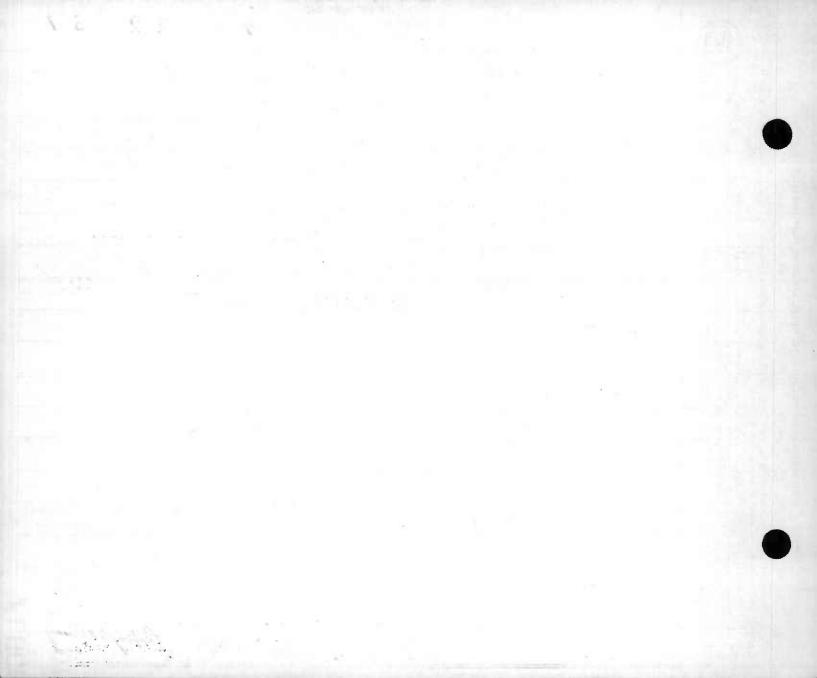
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGISTE

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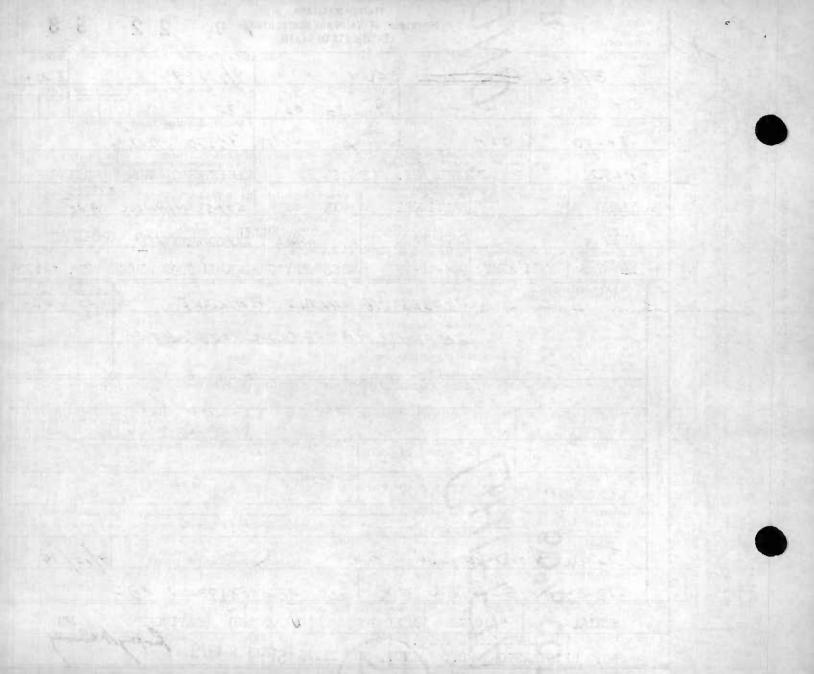
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3	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEVE CERTIFICATE OF DEATH	
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		2306 DUE TO, OR AS A CONSEQUENCE OF	
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shows only	CA	198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT	LH5 D
1	1 =	Vangene Right 18 (YES NO YES NO T	
6,	S	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
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	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY ST	
	2	WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	TATE
		220.1 certify that (I) (this hospital) ottended the deceased from 8/3, 19/79, to 9/14, 19/79, that (I) (s	we) lost
2 15		sow the deceased alive an 91/4 19 7 and that in (my) (our) agining death accurred as the date and hour and from the source.	,
Hem		above, (h (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED	
	-	ATTENDING MEDICAL STAFF 9/1/1	20'
7		PHYSICIAN DIRECTOR PHYSICIAN	7_
		226 ADDRESS	
_		I'Hill Militella Stock I raum 9	
	23a. B	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY ST	ATE
	L '	CREMATION Sept 17,1979 MAPLE HILL CREMATORY HAWOVER LUZERNE P.	A.
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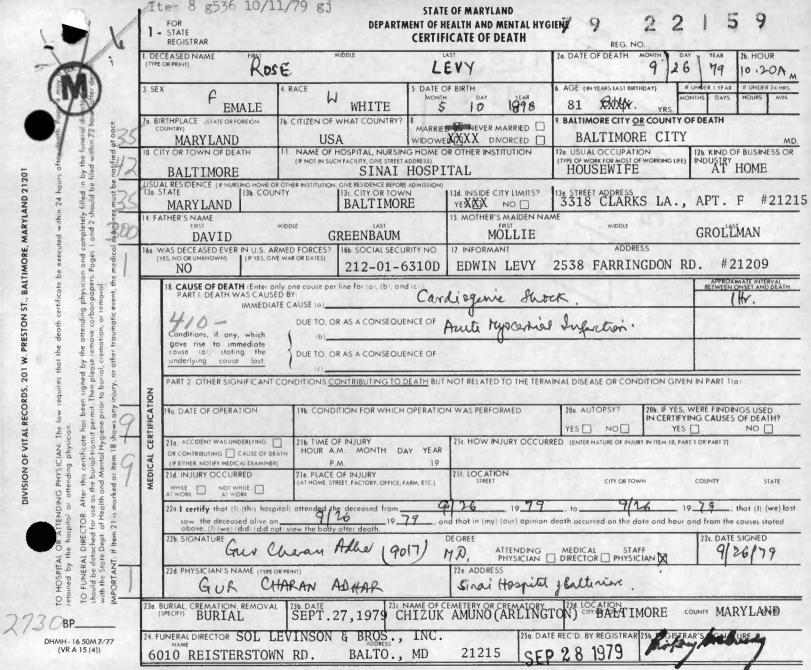


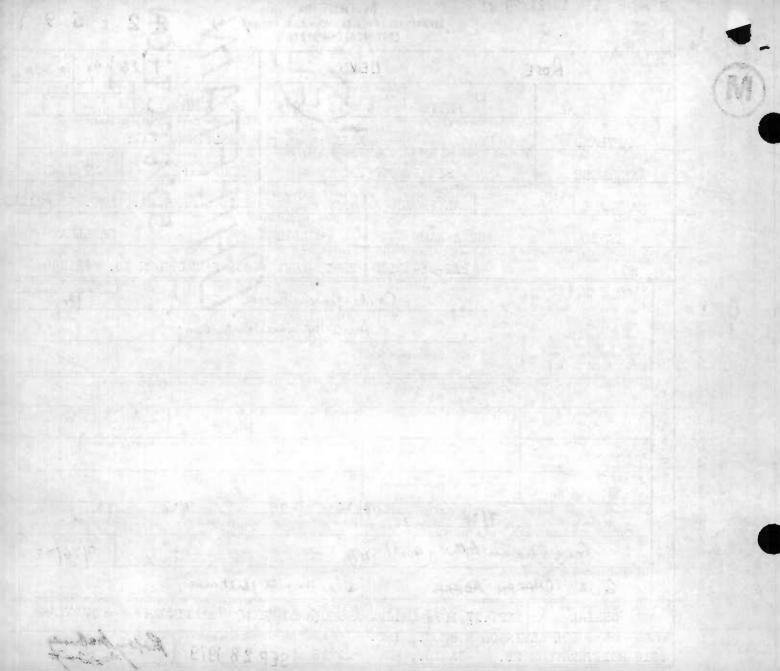
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te be execuirion and consers. Pages 1	_0	VAS DECEASED EVER IN U.S. A res, no or unknown) (if yes, gr NC	VE WAR OR DATES)	35049	25 MRS.	Garne	t STAFFOR	Dall Dall	as Cou	Irt VA
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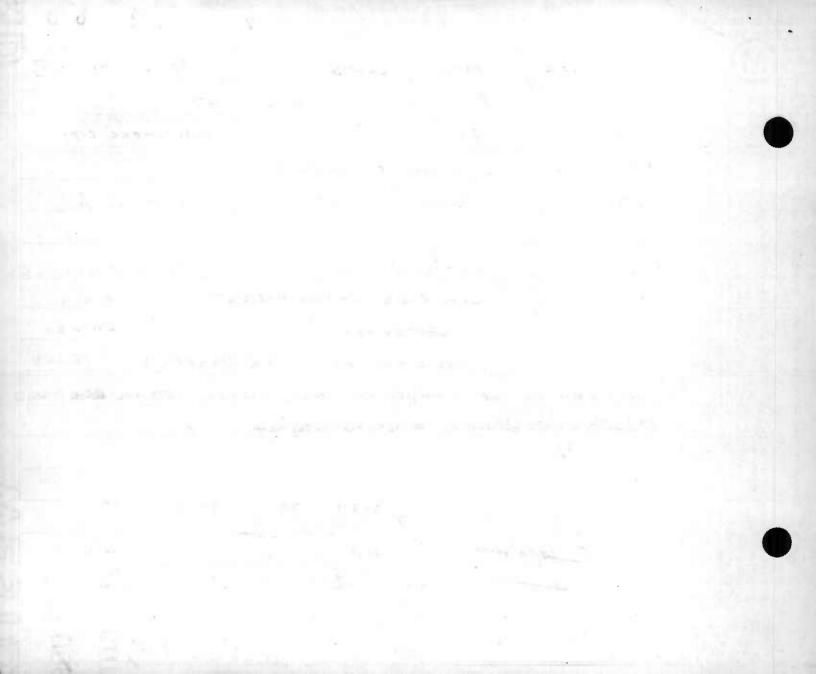


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d coppe	2.65	ETHEC	18.60	Trees of	CEV	Y	9/15/79		IF UNDER 1 YEAR	6-254 M
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AND 21:	13a. S	AL RESIDENCE (IF NURSING HOME OR: TATE 13b COUN RYLAND		13c. CITY OR TOV BALTIMOR	VN	136. INSIDE CITY LIMITS?	13e. STREET ADDRESS 5905 W.	MASUNI	#2121 C A J	parties.
MARYLAND ed within 24 mpletely fille ond 2 should	14. FA	THER'S NAME FIRST DAV TD	MDDLE	GREENBAU	ıM	15. MOTHER'S MAIDEN NA		Server d'e	GROLL	MAN
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be execution on ond co	()	NO OF UNKNOWN (IF YES GIVE WWI)	ARMY	004-16-8	3958	MISS MARY GR	EENBAUM 590	5 WIN	NER AVE	. #21215
ortificate by physicio and papers. emavol.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE!	y one couse pe	er line for (a), (b), a	nd (c)				BETWEEN	MATE INTERVAL
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hot the by the ose rei		couse (0), stating the underlying couse last	DUE TO, C	OR AS A CONSEOL	ENCE OF					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The low requires that the death certificate be execut of ortending physician. Witer this certificate has been signed by the attending physician and cost the burial-transit permit. Then please remove carbon papers. Pages 1 th and Mental Hygiene prior to burial, cremation, or removal. orked ar Item 18 shows any injury, at other traumatic event, the medical	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	a)
NI RECONTE	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES □ NO	IN CERTIF	S, WERE FINDING CAUSES	
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HYSIC ading his cer his cer and a Ment	MEDICAL	216 INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION	CITY OR TO	A/N.I	COUNTY	STATE:
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TO HOSPITAL retoined by th TO FUNERAL should be defound the Stote IMPORTANT: II		226. PHYSICIAN'S NAME (TYPE OR				77e ADDRESS	Rose Territor			
O HC etoine Should with 1		STEVEN H.		rsex i			TEXSTOWN	1 80	-	
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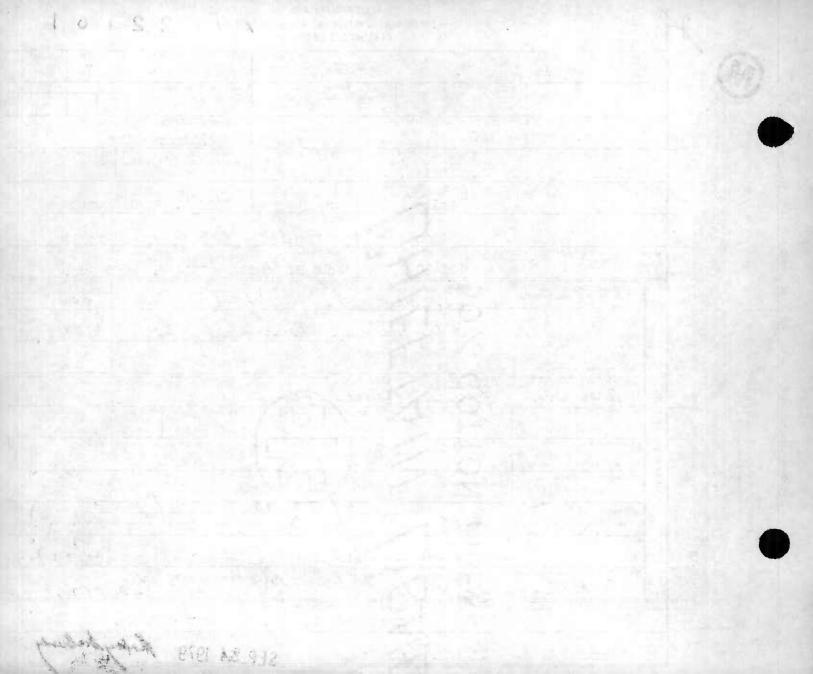








1. DECEASED NAME FIRST MIDDLE LAST 120 DATE OF DEATH MONTH DAY YEAR 126. HOUR STORY OF DEATH DAYS HOURS MIDDLE STORY OF DEATH DAYS HOURS MIDDLE STORY OF DEATH DAYS HOURS MIDDLE STORY OF WORKING LIFE STORY OF WORK OF WORKING LIFE STORY OF WORK OF WO	1	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	2 1 6 1
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Figure 166 W. Edmonds Maggie Macklin 166 Was Deceased ever in u.s. Armed forces? I 66 Social security no. 17. Informant Address 17. Informant Address 18. North Ave. 18 Cause of Death Lenter only one couse per line for (o), (b), and (c) Part I. Death was Caused By. Immediate Cause in immediate Ca	should be ref must be	13a.	Md. 136 COU	NTY 13c. CITY	ORTOWN	YES X NO	2914 W. Nor	th Avenue
NO Section Conditions Contribution Contrib	300		Eddie	W. Edn	nonds	Maggie	MIDDLE	
PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE IQ DUE TO, OR AS A GONSEOUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CO	s. Pages e medico	(YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)				North Ave.
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sow the deceased alive on 19 19 19 1, and that in (my) (ou) opinion death occurred on the date and hour and from the causes stated of the sign of the	3 &	230	Burial, cremation, removal Burial	23b. DATE 9/25/79			23d LOCATION CITY OF TOWN	Va. STATE
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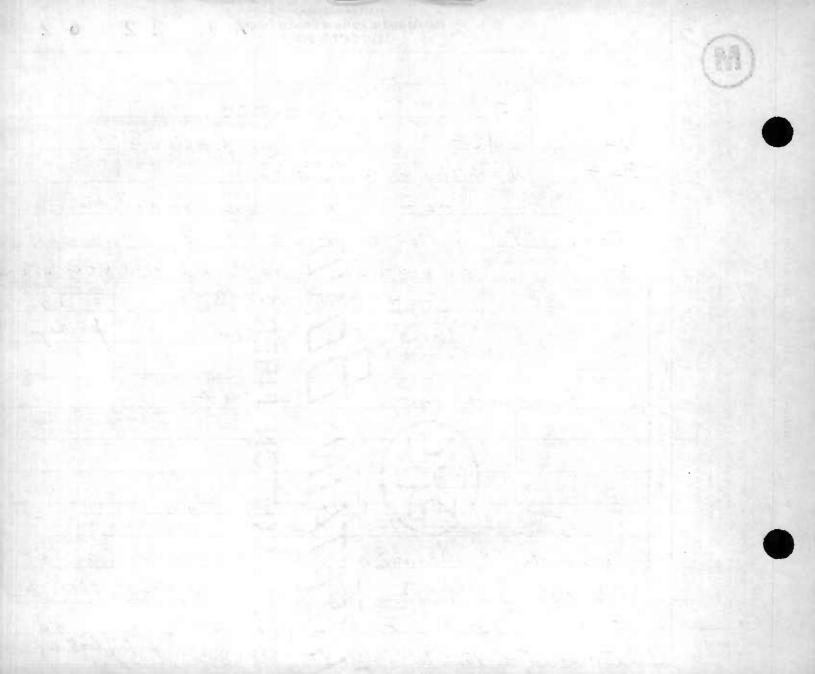
FOR

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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN



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-	U		CEASED NAME FIRST	MIDDLE		LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
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		0.00			MON	TH DAY YEAR		MONTHS DAYS HOURS
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the t	Pontied	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME IVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINES:
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3 0 7	E /	1	William	7.	AST	FIRST	MIDDLE	D-1
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ATTENDING sspitol or att CCTOR: After d for use as the	mark			ospital) attended the deceased	t from / CF	(0 S 10	:013017	910 that (1) have
TEN OR PLAN	- 12		sow the deceased alive	on 9/20/79	19	and that in (my) (ex) apinion	death occurred on the date and h	our and from the causes state
	E 2		obove (I) (we) (did) (did 22b. SIGNATURE	d not) view the body after deat	<u>h.</u>	DEGREE		22c. DATE SIGNED
TO HOSPITAL OR retoined by the high TO FUNERAL DIR! should be detached with the State Dep	4T. # #e		(Bolesh	Popular	nel o	MOD ATTENDING PHYSICIAN	MEDICAL STAFF	10/1/79
d by NER	TA		224 BRYSICIAN SNAME ITY	PE OR PRINT!		22e. ADDRESS		
HO Sine	Po		Joseph D'	Antonio MD.		7401 Octor I	Drive Baltimore	Md. 21204
다 한 기 년 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	₹	23a.	BURIAL CREMATION REMOV		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
) RP			Burial	Oct. 4, 1979	Baltin		Baltimore	COUNTY STATE
		24. F	UNERAL DIRECTOR					
DHMH - 16 50M 1/1 (VR A 15 (4))	76		NAME		DRESS	TOD beer free	3 1070	rey sucheraly
, , , , , , , , , , , , , , , , , , , ,			Leonard J. I	Ruck Inc. Balt	imore, The	aryland ULI	0 13/3	

2 6 3 or to the second of the second The second control of surement for not not the same of the same resolution desired the secondary Significant of the same of the ning at Administration and the comment of the comme nucetta 231,4,500 labum mand of the state jury, ar ather traumotic

marked ar Item 18

IMPORTANT: If Item 21 is

(VR A 15 (4))

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CEPTIFICATE OF DEATH	

	1-	STATE REGISTRAR	DEPARTM		ICATE OF DEATH	REG. N	0.		
		EASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
5	T. IAME (Rober	+ LEE	Li	HELL	SEPT	5	1979	3 AM
	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNGER 24 HRS
7		MALE	CAUCHSIAN	MONTH 12	OS ZE	50	YRS.	ONTHS CAYS	HOURS MIN.
1		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
7	CO	W. VA.	USA	WIDOWE		BALTII	MORE	C1	TY ME
1	10 CI1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
3	. 1	BALTIMORE	South Baltime	se Ge	in Hosp	TRUCK Dei		INDUSTRI	
5	13a. S	TATE IN COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY A. CO Brookly	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	h AVE		
		THER'S NAME		,	15. MOTHER'S MAIDEN NA	ME	.100		
1		FIRST	WIGGLE LAST		FIRST	MIDDLE		LAST	ī
	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	LILLI AV	ADDRI	ESS		
2			WAR OR GATES) 483-26	-5339	Bertha Lit	ttell same	as 1	3 e	
		PART I. DEATH WAS CAUSEI	I ELI/		SENIC SH	6CK		APPROXI BETWEEN C	MATE INTERVAL
		IMMEDIAT	DUE TO, OR AS A CONSEQUE		SEIVIC OH			11	7
		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	= M	OCARDIAL	ITIPAR.	cT	1/2	DAYS
7		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF		0	1		
		underlying couse lost.	(c) Asi	LER	10 SCLEROS	15 (SROHIAR	HREER	15	
	_	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVE	N IN PART 10)1
-	ē								
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		WERE FINDING CAUSES	
	RTIF					YES NO	YES		NO 🗍
	-	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
	NEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				- 15 H	
	AEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

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saw the deceosed olive on obave, (1) (we) (did) (did nat) view that

19_

ATTENDING PHYSICIAN

19. , that (1) (we) lost ond that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated

22e. ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

23b. DATE 23a. BURIAL, CREMATION, REMOVAL

22a. I certify that (1) (this haspital) ottended the deceased fram

/7/79

231. NAME OF CEMETERY OR CREMATORY Westview Mem. Pk.

DEGREE

23d LOCATION CITY OF TOWN
Baltimore

COUNTY

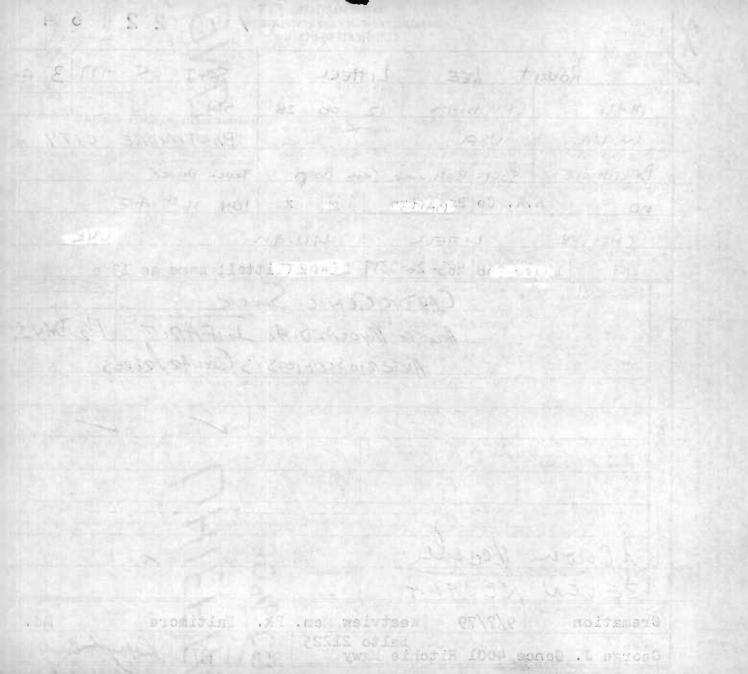
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BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77

Cremation

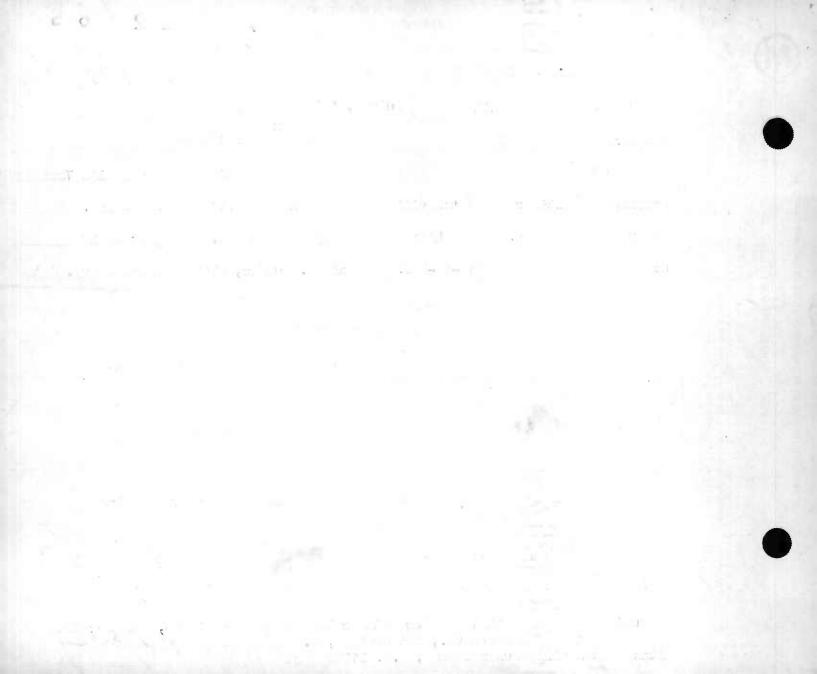
Gonce 4001 Ritchie Hgwy George J.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



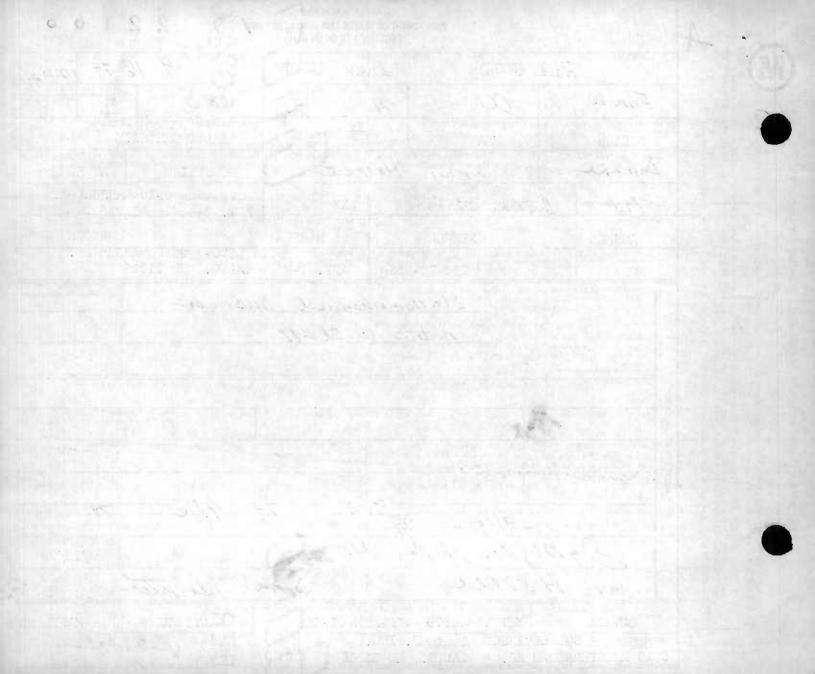
الما	1.	FOR STATE		DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	ieny 9	2 2	1 6	5
		REGISTRAR CEASED NAME FIRST OR PRINT)		MIDDLE ILIZABETH	-	LAST LITZ	REG. N 26. DATE OF DEATH	O. MONTH DAY 9 19	YEAR 2	6. HOUR
	3 SE)		4 RACE Whi			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH		FUNDER 24
Source Stone	M	RTHPLACE (STATE OR FOREIGN DUNTRY) aryland	76 CITIZEN OF	WHAT COUNTRY?	WIDOW		Baltimore city of Baltimor	9		
Motified	1	TY OR TOWN OF DEATH BALLIMUL AL RESIDENCE (IF NURSING HOME OR	(IF NOT IN SUC	ST STREET	address)	AUSO —	(TYPE OF WORK FOR MOST O Retired	OF WORKING LIFE) IN	b. KIND OF I DUSTRY Balto	
mer myst b	13a. S	TATE aryland Balti THER'S NAME	₹TY	Catonsv.	/N	13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS 5713 E	dmondson	Ave.	6A
30	16a W	George (AS DECEASED EVER IN U.S. AR.	H. MED FORCES?	Lit		Mary 17 INFORMANT	A. ADDR		ndorf	
event, the medico	n (v	ES, NO OR UNKNOWN) (IF YES, GIVE	war OR DATES)	213-10-36		Mazie E. Wur Respiratoron	der, 5713	Edmonds	APPROXIMA BETWEEN ON	AD TE INTERVAL SET AND DE
or other trauma		Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost.	(b)	RAS A CONSEQUE	ENCE OF	my lap-1	-6-79 Vgphreeton	1 -11-11	uchn	
ony injury, o	ATION	PART 2 OTHER SIGNIFICANT OF SUP SUS	- An	uni -		T NOT REVATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	/	S USED
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ked or Item	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P. 21e PLACE	M.	19	211 LOCATION STREET	CITY OR TO	WN CO	OUNTY	STATE
n 21 is mor		220. I certify that (I) (this hasping sow the deceased alive on above, (I) (we) (did) aid no			6/-1	and that in (my) (our) opinion of	deoth occurred on the d		from the co	-
TANT: # He		226. SIGNATURE 22d. PHYSICIAN & PINME (TYPE OF	ww /	w	OMETER	ATTENDING PHYSICIAN [MEDICAL STA	FF will	The DATE OF	7/29
IMPORTANT	23a B	M. PLAZA URIAL, CREMATION, REMOVAL	- #ON	VELAZA P		SF, AGU	123 HOPH	al		
	(5	Burial	9/22			thedralCemeter	CITY OR TOWN	COUN	Mrs my	STATE

DHMH-16 20M (VRA 15, 4) 7/78 Burial 9/22/79 New CathedralCemetery Baltimore
Particle Properties Catonsville, Md. 250. DATE REC'D. BY REGISTRAR 250. NAME
Witzke Catonsville Funeral Home, P.A. 21228 SEP 21 1979



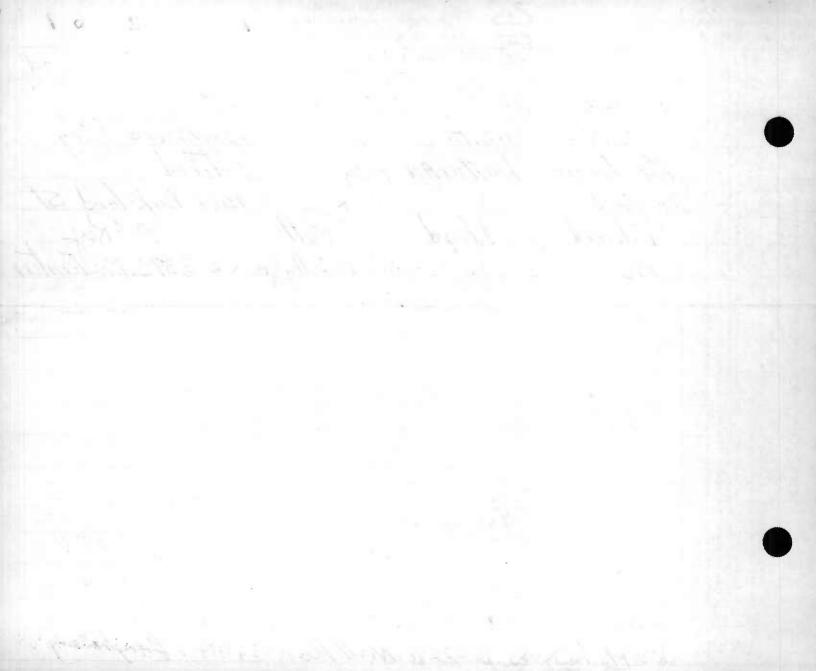
	-		REGISTRAR		CEKTIFICATE	OF DEATH	REG. NO	D.		
(M)	60 e d d d d d d d d d d d d d d d d d d		CEASED NAME FIRST ROSE	e (ROSE)	LIXOX	(LIVOV)	20 DATE OF DEATH	9 16	79 /	26. HOUR 10:13 A.
ge 4 mg	ector, po	3. SI	Female	4 RACE WHITE	//	1896 0 xxx	6 AGE (IN YEARS LAST BIRTI	MONTH YRS.		IF UNDER 24 HRS HOURS MIN.
ooth. Po	nerol dir 72 hou		RITHPLACE (STATE OR FOREIGN POLAND	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NE	EVER MARRIED	BALTIMO	RE CITY	EATH	M
on softer de	by the fun filed within notified of	10 0	Daltime	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE,	IRSING HOME OR OTHER	RINSTITUTION	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF HOUSEWIF		NOUSIRY AT HO	BUSINESS OF
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MARYL ed with	ond 2 s	IL F	ATHER'S NAME FIRST ANSHEL	MIDDLE SIEGEL		THER'S MAIDEN NA MARSHA	WIODIE		NKNÖŴ	
MORE,	Poges 1		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		PT. 2-B	IN LIVOV ADDOG S BALTO., MI		UE DR.	•
., BALI	physicia ipopers noval.		PART I. DEATH WAS CAUS		Homechan	1:1:1	usocialta		APPROXIMA BETWEEN ON	ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. FKESTON SI	by the ottending ase remove corbot I, cremotion, or resother troumotic expension.		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF Wal	el MY				
OS, 20	signed Then ple to burio njury, or	NO.	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)	
he low re	hos beer t permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS F	PERFORMED	200 AUTOPSY?	20b. IF YES, WEIN CERTIFYING	CAUSES O	
OF VIII	certificate ricol-trons entol Hyg	REDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DEATH HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN STEM 18, PART 1 C)R PART 2}	
NG PHY	fter this os the but thought on the or the but the ord Medical or the ord or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CATION	CITY OR TOW	N CC	OUNTY	STATE
END	RECTOR: A red for use ppt. of Heol		saw the deceased alive of above, (I) (we) (did) (did)	pital) attended the deceased from		(my) (our) opinion	death occurred on the do		from the co	
TAL OR			27b. SIGNATURE 9	nson m	S PERE	PHYSICIAN [MEDICAL STAF	F	9/1	6/79
) HOSPI	TO FUNERAL IS should be deto with the Stote IMPORTANT: If		Jay M	OR PRINTED STARK	22e AC	Sin Sin	ai Krs.	plet		
B	P		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	SEPT.18,197		IRCLE	23d. LOCATION CITY OF TOWN BALT IM	ORE	M.	ARYLANI
	- 16 50M 7/77 R A 15 (4))		UNERAL DIRECTOR SOL DINAME OTO REISTERSTON	ADDRES	OS. INC.	25a. DA1	E REC'D. BY REGISTRAR	THE GETRAR	SIGNATUR	RELIN
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN



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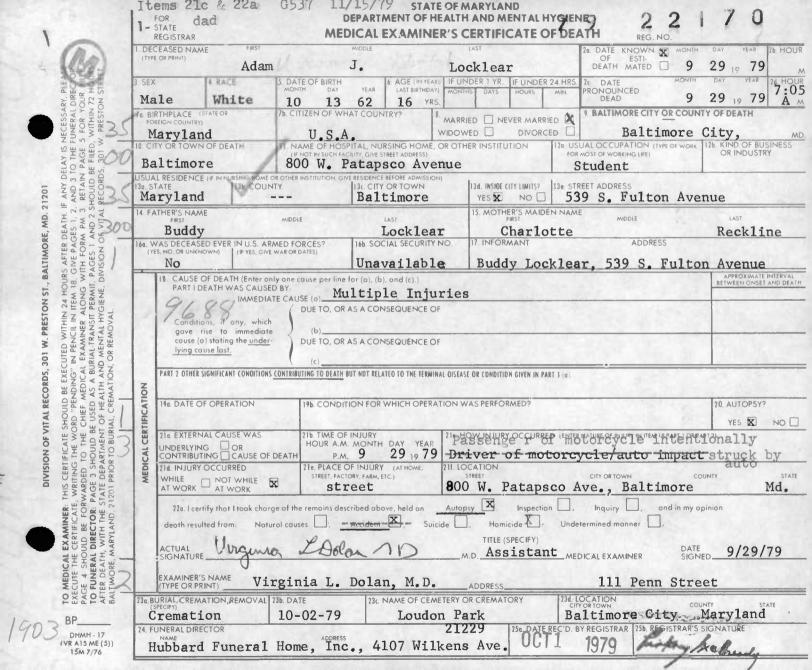
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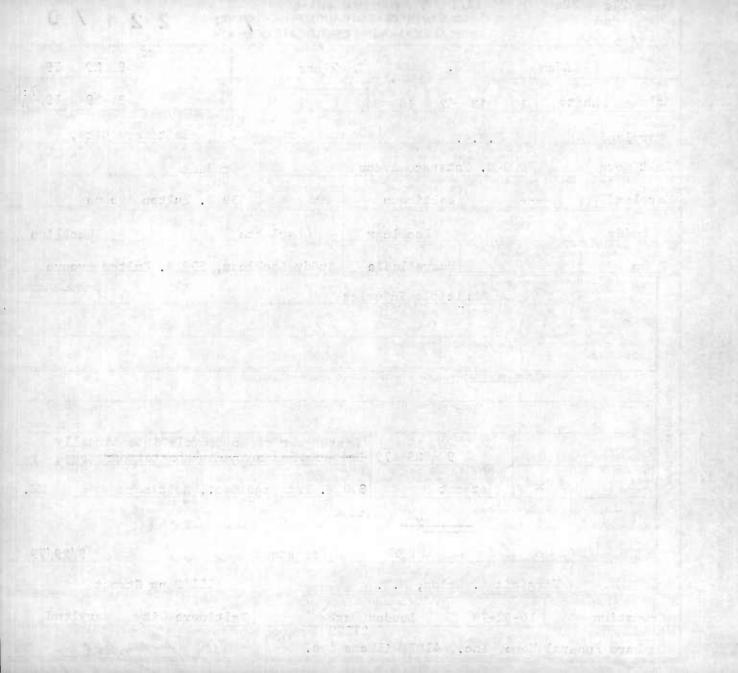


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEND - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 2h HOUR TYPE OR PRINTI LUThes. 10-IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? In BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) itheran USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? YES TIL NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOI NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 18 YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from Qu saw the deceased alive on 51000 obove. (1) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DIREC 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN State 224. PHYSICIAN SNAME (TYPE OR PRINT) 22e. ADDRESS ld b IMPORT ÷ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 23a, BURIAL, CREMATION, REMOVAL CITY OR TOWN STATE Burial Greenville. Clark Cem. BP 25a. DATE REC'D. 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 1101 E. North Ave. NAME (VR A 15 (4)) March F/H

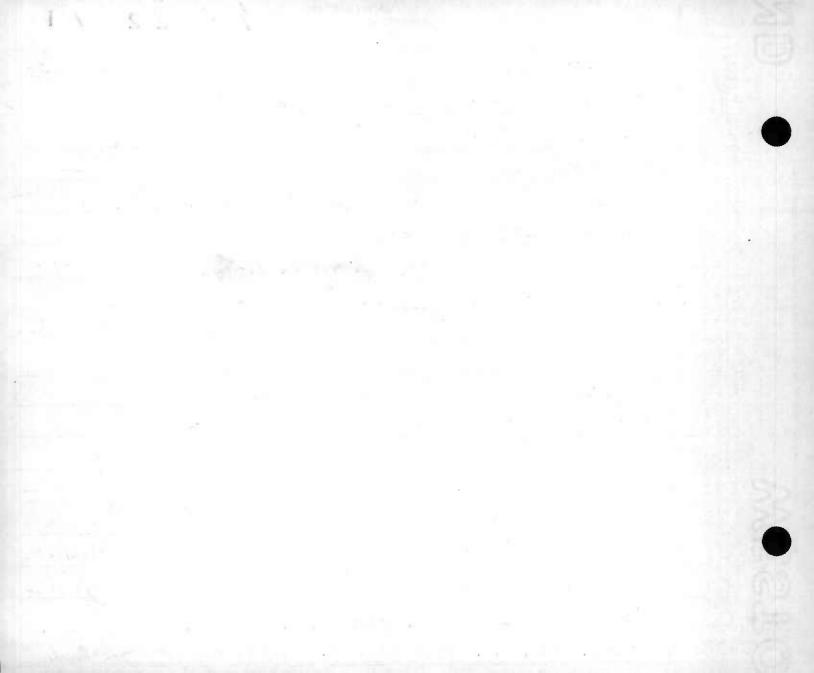
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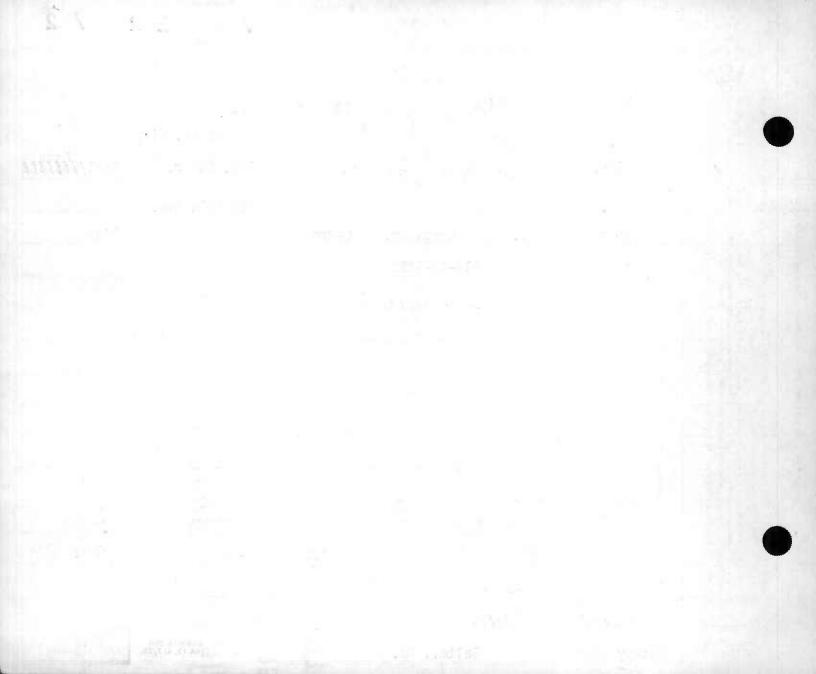
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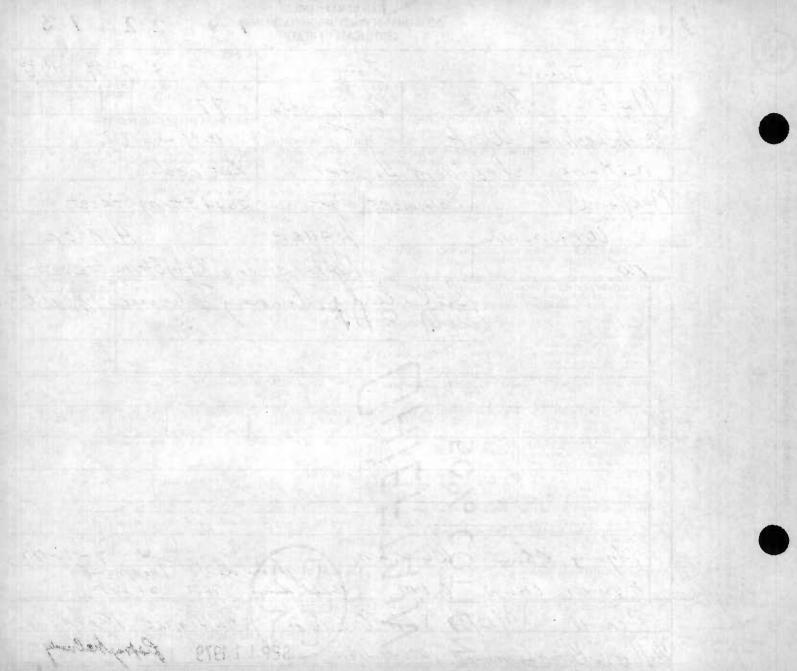


STATE OF MARYLAND

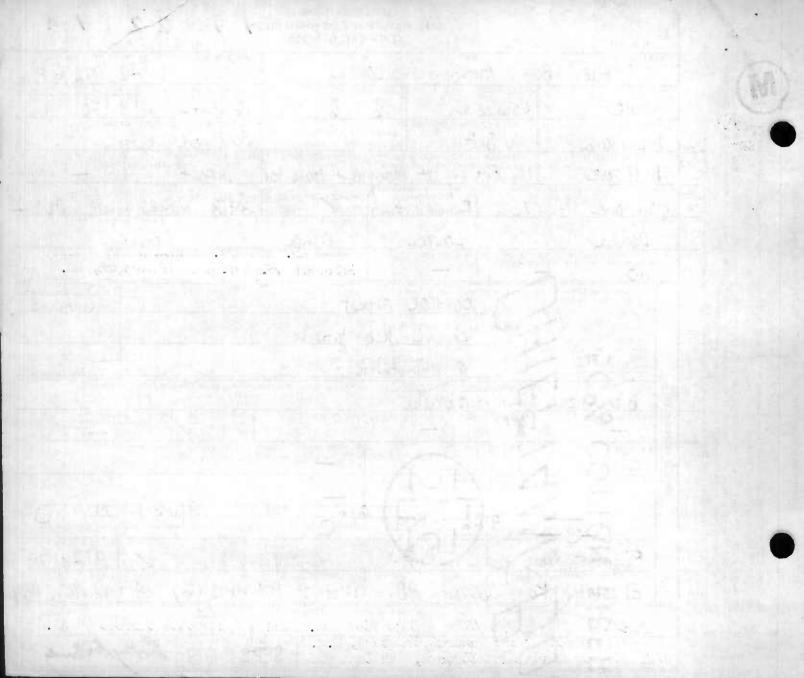




		6	STATE OF MARYLAND							
(MA)			1.	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYG CATE OF DEATH	IENS 9	2217	3
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e 4 may	ctar, page s after deat		3. SE.		4. RACE	5. DATE OF	BIRTH DAY YEAR 1902	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	#F UNDER 24 HRS HOURS MIN.
Pag	dire	ej.		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
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ofter	by the fu	39		Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		OTHER INSTITUTION	12d. USUAL OCCUPATION (TYPE O WORK FOR MOST OF	WORKING LIFE) INDUSTRY	F BUSINESS OR
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MARYLAN ed within 2	npletely and 2 sh	OC wife	14. FA	10 /-	AIDDLE LAS	1	5. MOTHER'S MAIDEN NAME FIRST	WE WIDDLE	Hins	200
BALTIMORE, M.	0	medical	16a V	AS DECEASED EVER IN U.S. AR		SECURITY NO.	A haniel	ADDRE 2444	SEHing Ste	ert
201 W. PRESTON ST.,	ned by the attending physic i please remave carban pape iurial, cremation, ar remaval	y, or ather troumatic event, it		18. CAUSE OF DEATH (Enter and PART). DEATH WAS CAUSE! IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	D BY: E CAUSE (a) DUE TO OR AS A CONS (c)	TQUENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1(0	all.
AL RECORDS,	has been sign t permit. Then ene prior to b	and in India	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	WAS PERFORMED -	20a AUTOPSY?	20%. IF YES, WERE FINDIN IN CERTIFYING CAUSES (IGS USED OF DEATH? NO [
SION OF VITA PHYSICIAN: T	## 5	18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	11000 4 11 110017	DAY YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
	ter this contact the burner of	rked or #	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211. LOCATION STREET	CITY OR TOW	'N COUNTY	STATE
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AL OR ATT	AL Di letaci	I Hem		22b. SIGNATURE	Pun Ki	DE	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		SIGNED 0-79
HOSPIT	TO FUNER should be a with the Sto	MPOKIAN		22d. PHYSICIAN'S NAME (TYPE OF	HUN X	m	Baltima	e med	21215	
1 30 3 BI		\$	23a. E	SURIAL, CREMATION, REMOVAL	9/12/19	23c. NAME OF CEL	WETERY OR CREMATORY	23d LOCATION CHYORTOWN	ME, MARY	STATE
	16 50M 7/77 A 15 (4))		24 F	MINERAL DIRECTOR BROWN	Community / do	206-08W/	PORTH AUE SEP	REC'D. BY REGISTRAR	256. REF ISTRAR'S SIGNAL	URE



	١.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN 9 2	2174
V .	'	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
(Ban)		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH GORPRINT BOBY BOY ANTHONY LONZO	26 79 6 P M
	3 SE		IF UNDER 1 YEAR IF UNDER 24 HRS
once.	5	RETHPLACE (STATE ORFOREIGN OF WHAT COUNTRY? B MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTRY) MAY LAND US. A. WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY OF WHAT COUNTRY?	
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ND 21201 24 hours ould be filled in by ould be filled	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION STATE 136. COUNTY 137. CHY OR TOWN 138. INSIDE CITY LIMITS? 139. STREET ADDRESS, 130. S	Girle. Aut. 2
mpletely fi		ATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE MIDDLE	LAST
5 9		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANIM. and Mrs. Domesta 1 VES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) AD 3918 Noyes Cr. Apt. 2 Randall	lata 21133
rtificate be exect appropriate on descent an appropriate Pages emayal. event, the medica		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CANALICE GLOOP	BETWEEN ONSET AND DEATH G LOWS
PRESTON ST he death certi marion, or rer r traumatic ev		7707 DUE TO, OR AS A CONSEQUENCE OF LAST TO THE	
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DS, 301 quires the signed b hen plea to burial, ijury, ar a	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION C	SIVEN IN PART 1(0)
RECORE I law req as been beermit. The be prior the ws any in	CERTIFICATION	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A House		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
NG PHYSICIAN: of PHYSICIAN of VIII of Physician of Physician of the burderfront of the burderfront hand Mental Hygorked or them 18 st	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK COUNTY STATE	
A See See See See See See See See See Se		220.1 certify that (1) (this haspital) attended the deceased from	
DIR He		aw the leces a give on obove (I) Market New the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYS	22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Store		Elizabeth Fay Society MD. Dept. of Pediatrics, Univ. a	of Mary land Hoso
of of ships	23a.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN.	COUNTY STATE
BP		Burial 9/28/79 Lake View Mem. Park Sykesville Co	
DHMH - 16 25M (VR A 15 (4)) 9/74	24 F	TUNERAL DIRECTOR OF THE PROOF O	ASTRAR'S SIGNATURE



STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE"

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STATE OF MARYLAND									
	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENY REG. NO. 2 2 1 7 7						
		CEASED NAME FIRST	MIDDLE	internative:	AST	20. DATE OF DEATH	AONTH DAY YEAR	26 HOUR	
PAA A		WILL	AM (2.	JDW10-		9-29-79	9 6 10 AM	
ge. 4 mo	3. SE	×	4 RACE	5 DATE O		6 AGE (IN YEARS LAST-BURTH	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN	
eoth. Poge in 72 hours		IRTHPLACE (STATE OR FOREIGN OUNTRY) Md.	76. CITIZEN OF WHAT	COUNTRY? .8 MARRIE WIDOWE	D NEVER MARRIED X	BALT I MORE	CITY	MD.	
by the fulled with	10. C	BALT I MORE	ST AGNES		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Repairman	WORKING LIFET INDUSTRY	for	
ND 2121	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	NTY 13c. C1	SIDENCE BEFORE ADMISSION) TY OR TOWN alto.	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	Hilton St.	Blind	
RYLA withir	14. E	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA				
MAR ed w		George	L	udwig	Maude	MIDDLE	Ca 1	lahan	
MORE,	16a)	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES	16-18-6859	17. INFORMANT	ADDRES	SS		
PRESTON ST., BALL he death certificate e attending physica emove carbon paper motion, or removal.		18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	CONSEQUENCE OF	Bronelos	louren	un I	XIMATE INTERVAL ONSET AND DEATH	
ned by the representation of the property of t	7	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c	CONSEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART 1	10	
AI RECORDS, he law required to the law require	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDII IN CERTIFYING CAUSES YES (2)	NGS USED S OF DEATH?	
I OF VITA g physici g physici entificate iol-transit intol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. M	RY . ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)		
UG PHYSICIAN The other ding physicion by street this certificate his she buriol-tronsh phond Mental Hygien siked or frem 18 show	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJI (AT HOME, STREET, FACT	URY TORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	N COUNTY	STATE	
ADIII ADIII		22a.1 certify that (I) (this hosp	ital) attended the deced	osed from	, 19	, to	. 19,	that (I) (we) last	
A ATTEN hospitol RECTOR ed for u pt. of H		sow the deceased alive an abave, (1) (we) (did) (did) no	it view the bady after d		nd that in (my) (our) opinion	death occurred an the da	te and haur and fram the	causes stated	
The Day		22b. SIGNATURE	Xum		ATTENDING PHYSICIAN [MEDICAL STAF		30/79	
TO HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE O	(UMAR		22e ADDRESS	AGNB	8		
2047 BP		BURIAL, CREMATION, REMOVAL SPECIFY) Anatomy Remo			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
DHMH - 16 60M 7/73 (VR A 15 (4))	24 F	Anatomy Board		AODRESS Balto	250. DAT	E REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNAT	TURE	

FILMORE BITH 1 71 120° 23 60 13 6 3 6 1 11 4 5 h TENEVAL Enverse vshipser

FOR - STATE

(TYPE OR PRINT)

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No

CERTIFICATION

MEDICAL

Cremation

Harry H. Witzke 4112 Columbia Hd Ellicott Ctv

24. FUNERAL DIRECTOR

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENECT MEDICAL EXAMINER'S CERTIFI 20. DATE KNOWN X MONTH 2b. HOUR KENNETH DEATH MATED ROBERT LUMPKIN 4 RACE 6. AGE (IN YEARS $1/2 \times 1/5$ IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Oct. 7, 1958 black 20 YRS DEAD PM 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Baltimore City Maryland DIVORCED D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) University Hospital Baltimore SUAL RESIDENCE IF IN HURSIN 13d. INSIDE CITY LIMITS? 11349 Clarksville Pike 21044 Howard Columbia Maryland NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Lilliam Celeste Lumpkins Feaster 16b. SOCIAL SECURITY NO. 17. INFORMANT 214 76 3395 11349 Clarksville Pike Celeste Lumpkins 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of head(rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [

190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS APPT OXINJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING OR self-inflicted CONTRIBUTING CAUSE OF DEAT TE PLACE OF INJURY (AT HOME. 21f LOCATION field PRY, FARM, ETC. Columbia, Maryland 11349 Clarksdale WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Inspection and in my opinion Hamicide death resulted from Natural causes Accident Undetermined monner TITLE (SPECIFY) 9/7/79 SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. ADDRESS (TYPE OR PRINT) 23d, LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY Sept 11'79 Westview Memorial Pk. Ca onsville Balto. Mdo

DHMH - 17 VR A15 ME (5) 15M 7/76

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